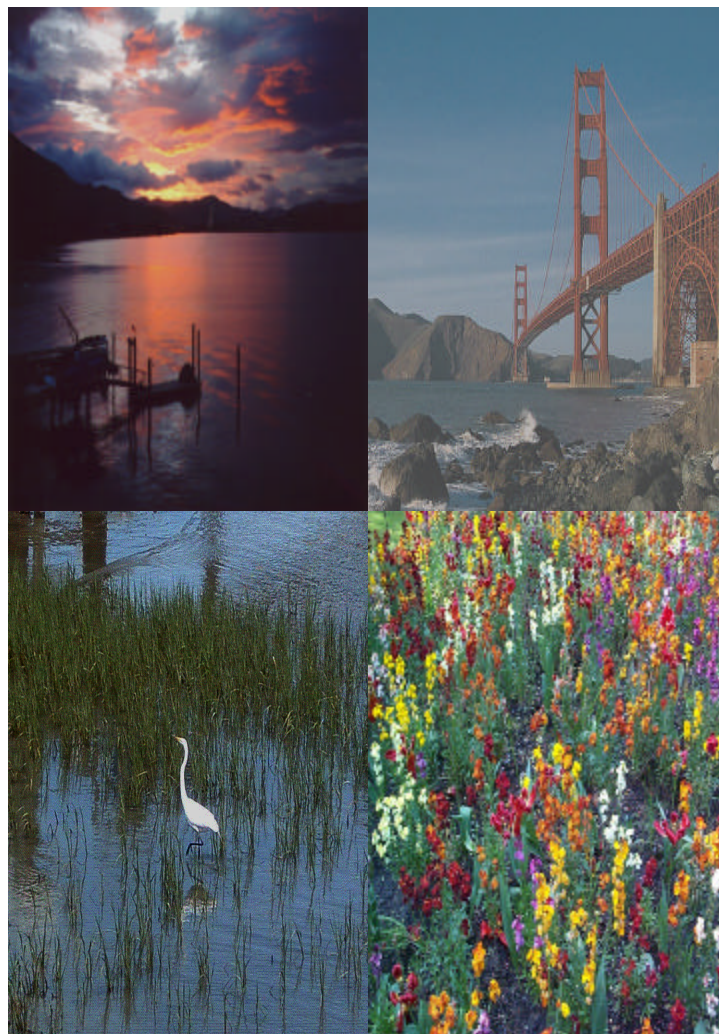


**MARIN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ALCOHOL, DRUG AND TOBACCO PROGRAMS**

STRATEGIC PLAN FOR ALCOHOL AND OTHER DRUG PREVENTION



2004 - 2009



ACKNOWLEDGEMENTS

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TABLE OF CONTENTS

INTRODUCTION	1
GUIDING PRINCIPLES FOR PREVENTION	3
STRATEGIC PLAN DEVELOPMENT PROCESS	4
⊕ PLANNING FRAMEWORK	4
⊕ VISION	6
⊕ MISSION	6
⊕ PRIORITY AREAS	7
⊕ GOALS	7
⊕ STRATEGIES	7
ALCOHOL AND OTHER DRUG INDICATORS AND TRENDS	8
PREVENTION PROGRAM INVENTORY	9
⊕ SERVICE GAPS- UNDERUTILIZED STRATEGIES	9
ACTION PLAN	11
EVALUATION PLAN	24
GLOSSARY	29
APPENDIX.....	37
⊕ APPENDIX A: COMMUNITY PROFILE	37
⊕ APPENDIX B: RISK AND PROTECTIVE FACTORS	39
⊕ APPENDIX C: ALCOHOL AND OTHER DRUG INDICATORS AND TRENDS	40
⊕ APPENDIX D: PREVENTION PROGRAM INVENTORY	46

INTRODUCTION

Marin County is aptly described as a place of extraordinary beauty and affluence. While the median age is climbing, Marin is also experiencing an increase in median household income and a decrease in unemployment. However, despite the perception that Marin is a prosperous, problem-free community, there are pockets of poverty throughout the County, with disproportionately high rates of crime, children who need out-of-home placement, unemployment, drug abuse and family violence. *(Please refer to Appendix A for a comprehensive Community Profile.)*

Marin County is impacted in countless ways and across all sectors by the health and social problems associated with alcohol, tobacco and other drugs. The development of a Strategic Plan can help to ensure that prevention efforts are thoughtfully addressed in a comprehensive and coordinated manner, utilizing multiple strategies, in multiple arenas and across diverse populations. As such, in March 2003, the Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs (ADTP) began the formal development of a Strategic Plan for Alcohol and Other Drug Prevention. The purpose of the planning process is to carefully and rationally develop a plan for Marin alcohol and other drug primary prevention efforts that eliminates unnecessary duplication, coordinates services, stretches limited resources, maximizes prevention service system efficiency and positions Marin for successful resource development.

To develop a Plan that appropriately reflects and addresses the needs of the community, as well as employs evidence-based strategies to achieve the goals and objectives that are outlined in the Strategic Plan, ADTP recruited prevention practitioners, interested community members and other key stakeholders to form a Strategic Plan Steering Committee. The Committee, which elected to formally serve as the ***Marin Alcohol and Other Drug (AOD) Prevention Collaborative***, is comprised of representatives from agencies including the following:

Marin AOD Prevention Collaborative Membership

- Advisory Board on Alcohol and Other Drug Problems
- Bay Area Community Resources
- Big Brothers/Big Sisters of Marin and Napa
- Community Action Marin- Asian Advocacy Project
- Family Institute of Marin- West Marin Community Outreach
- Family Service Agency
- Huckleberry Youth Programs
- Marin County Department of Health and Human Services
- Marin County Drinking Driver Program- Bay Area Community Resources
- Marin County Office of Education
- Marin County Probation
- Novato Teen Center
- Phoenix Academy
- TA POM Project
- The Marin Institute
- Youth Leadership Institute

Although ADTP recognizes the importance of having a continuum of alcohol and other drug prevention and treatment services, the Strategic Plan focuses only on primary prevention strategies.

PRIMARY PREVENTION

A strategy, or set of strategies, employing principles that have produced evidence of effectiveness in preventing community-level alcohol, tobacco or other drug problems among those not in need of treatment.

Furthermore, the Strategic Plan does not explicitly address tobacco issues, as the Marin County Tobacco Education Program is already implementing a comprehensive tobacco prevention and cessation program. The tobacco-related priority areas, goals and objectives for Marin County are outlined in the Proposition 99-funded Scope of Work and Master Settlement Agreement-funded *Action Plan for a Tobacco Free Marin*.

ADTP will utilize the Strategic Plan to guide alcohol and other drug primary prevention efforts for the next five years. Following a community-wide competitive bid process, the fiscal year (FY) 2004-05 prevention contracts will reflect the goals, objectives and activities outlined in the Action Plan included in the Strategic Plan.

GUIDING PRINCIPLES FOR PREVENTION¹

Prevention policies and services adhere to the following basic principles:

1. PREVENTION FOSTERS SAFE AND HEALTHY ENVIRONMENTS FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.

- To create safe and healthy environments, prevention must reduce adverse personal, social, health and economic consequences by addressing problematic alcohol, tobacco and other drug (ATOD) availability, manufacture, distribution, promotion, sales and use.
- By prevention providers leveraging resources, prevention programs will achieve the greatest impact.

2. THE ENTIRE COMMUNITY SHARES RESPONSIBILITY FOR PREVENTION.

- All sectors, including youth, must challenge their ATOD standards, norms and values to continually improve the quality of life within the community.
- “Community” includes a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; and e) faith communities.
- Community also includes associations/affinity groups based on age, social status and occupation, professional affiliation, political or social interest, sexual orientation, as well as affiliations determined by geographic boundaries.

3. PREVENTION ENGAGES INDIVIDUALS, ORGANIZATIONS AND GROUPS AT ALL LEVELS OF THE PREVENTION SYSTEM.

- This includes those who work directly, as well as indirectly, in the prevention system who share a common goal of ATOD prevention (i.e., law enforcement, fire departments, emergency medical technicians, medical professionals, hospitals, teachers, employers, religious organizations, etc.).

4. PREVENTION UTILIZES THE FULL RANGE OF CULTURAL AND ETHNIC WEALTH WITHIN COMMUNITIES.

- By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, manufacturing, distribution, promotion, sales and use of ATOD.

5. EFFECTIVE PREVENTION PROGRAMS ARE THOUGHTFULLY PLANNED AND DELIVERED.

- To create successful prevention programs, one must use data to assess the needs; prioritize and commit to the purpose; establish actions and measurements; use proven prevention actions; evaluate measured results to improve prevention outcomes; and use a competent, culturally proficient and properly trained workforce.

¹ California Department of Alcohol and Drug Programs, Prevention Strategic Plan, October 2002.

STRATEGIC PLAN DEVELOPMENT PROCESS

PLANNING FRAMEWORK

Following the initial convening of the Marin AOD Prevention Collaborative, with the assistance of John de Miranda, a consultant working under contract with the Evaluation, Management and Training (EMT) group, Mark Pertschuk, Executive Director of The Marin Institute, joined the Collaborative and facilitated the planning process. The planning process consisted of the following five phases:



I. Data Collection (Spring 2003 - ongoing)

- The Marin AOD Prevention Collaborative conducted a comprehensive collection and review of local, state and national quantitative and qualitative alcohol and other drug indicator and trend data.

II. Identify and Prioritize Areas of Focus (Spring - Summer 2003)

- Based on the findings of the needs assessment, as well as a review of the current prevention program inventory, the Marin AOD Prevention Collaborative identified and prioritized the areas of focus for prevention efforts for the next five years.

III. Develop an Action Plan (Fall – Winter 2003)

- In September 2003, the Marin AOD Prevention Collaborative held a two-day Strategic Planning retreat to begin developing the goals and objectives for the Action Plan. Following the retreat, the Marin AOD Prevention Collaborative broke into workgroups to develop the goals, objectives and activities for each of the four priority areas. Collectively, the workgroups dedicated hundreds of hours to develop an Action Plan that addressed the key issues in the community, while ensuring that the strategies were comprehensive in breadth, and reflective of best practices for preventing alcohol and other drug problems.

Workgroup Membership

Pro-Alcohol Marketing and Promotion and Access to AOD	Norms and Awareness of AOD Issues	Systemic Capacity for Prevention
Thelma Clark Catherine Condon Rebecca Green Kimberly Mitchell Carlos Molina Lee Marken Mark Pertschuk Wendy Todd	Bob Barnecut Cio Hernandez Beth Hossfeld Eddie Kaufman Vinh Luu Orlando Macias Allison Murphy Alissa Ralston Rebecca Smith	Don Blasky Laura Kantorowski Susan Leonard Melinda Moore Leigh Steffy

Special thanks to the following individuals for their contributions at the Strategic Planning Retreat: Supervisor Susan Adams, Brenda Frechette, Rashaan Harper, Dr. Larry Meredith, DJ Pierce, Mike Robak and Maureen Sedonaen.

IV. Seek Additional Community Input (Winter 2003 - Spring 2004)

- In February 2004, ADTP shared the draft of the Strategic Plan with over 300 individuals, organizations and coalitions in order to seek additional input into the Plan. For example, input was sought from various sectors of the community, including education, law enforcement, the faith community, local government, public health and medical communities, criminal justice system, prevention and treatment practitioners, business sector and various community coalitions and commissions.

V. Finalize Strategic Plan (Spring 2004)

- After integrating additional feedback from the community and Marin AOD Prevention Collaborative, the Strategic Plan was finalized for community-wide distribution and implementation. In the Spring 2004, ADTP will conduct a competitive bid process so that the FY 2004-05 prevention contracts reflect the goals, objectives and activities outlined in the Action Plan in the Strategic Plan.

MARIN AOD PREVENTION COLLABORATIVE

VISION

Healthy individuals, families and communities free of alcohol and other drug problems.

MISSION

Individuals, organizations and coalitions providing leadership and coordination to develop and maintain a comprehensive alcohol and other drug prevention system in Marin County.

PRIORITY AREAS

Based on a comprehensive assessment of the available data and trends, the Marin AOD Prevention Collaborative identified the following four priority areas of focus for alcohol and other drug prevention efforts for FY 2004/05 to FY 2008/09.

- Access to Alcohol and Other Drugs
 - Pro-Alcohol Marketing and Promotion Influences
 - Systemic Capacity for Prevention
 - Norms and Awareness of Alcohol and Other Drug Issues
-

GOALS

The Marin AOD Prevention Collaborative developed the following goals to address each of the four priority areas.

- Decrease youth access to alcohol and other drugs
 - Implement community-wide Responsible Beverage Service programs and policies to reduce the incidence of alcohol-related problems
 - Decrease pro-alcohol marketing and promotion influences
 - Improve available data to better inform prevention policy, service and delivery decisions
 - Ensure that all prevention providers in the County use evidence/science-based prevention practices
 - Increase coordination and cohesiveness among prevention providers
 - Increase public awareness and support of alcohol and other drug prevention programming
 - Train community partners in problem identification and referral
 - Engage the community to identify and change harmful norms regarding alcohol and other drug use in Marin communities
 - Increase awareness of alcohol and other drug use and related harm to Marin communities and individuals
-

STRATEGIES

In order to make a meaningful impact on alcohol and other drug problems, program goals, objectives and activities must employ multiple strategies, in multiple settings and across diverse populations. In accordance with the principles set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), primary prevention activities are categorized into the following six strategies:² Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community- Based Process and Environmental. *(Please refer to the Glossary of Prevention Terminology for the definitions of the prevention strategies.)* In addition, effective prevention programs must also address the factors that place people at **risk** for or **protect** them from problem behavior. According to CSAP, the six domains of influence, which interact with each other and change over time, are: Individual, Peer, Family, School, Community and Environment.³ *(Please refer to Appendix B for a summary of the risk and protective factors that the Strategic Plan addresses within each of the six domains.)*

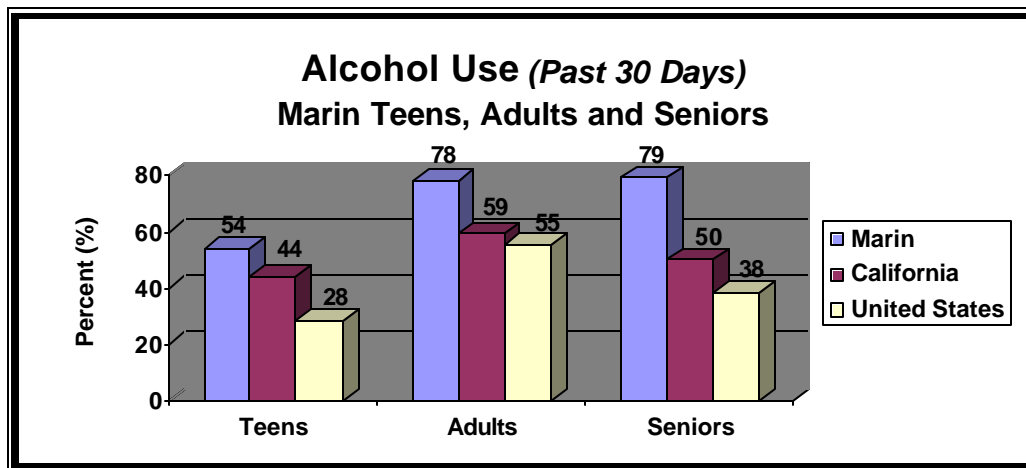
² Federal Register, Volume 58, Number 60, March 31, 1993.

³ Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Science-Based Prevention Programs and Principles, 2002.

ALCOHOL AND OTHER DRUG INDICATORS AND TRENDS

The Marin AOD Prevention Collaborative conducted a comprehensive collection and review of local, state and national quantitative and qualitative alcohol and other drug indicator and trend data. Below is just a sample of some of the key issues identified during the needs assessment process. *(Please refer to Appendix C for a complete listing of the indicators that were identified as being the most significant, requiring specific focus for alcohol and other drug primary prevention efforts.)*

- ⊕ FORTY (40%) PERCENT OF MARIN 11TH GRADERS REPORTED **DRIVING AFTER DRINKING**.⁴
- ⊕ THIRTY-EIGHT (38%) PERCENT OF MARIN 11TH GRADERS REPORTED **BINGE DRINKING (5+ DRINKS IN ONE SITTING) IN THE PAST MONTH**.⁵
- ⊕ **LESS THAN HALF** OF MARIN YOUTH SURVEYED REPORTED THAT THEY ARE CONSISTENTLY **ASKED FOR ID** WHEN ATTEMPTING TO PURCHASE ALCOHOL.⁶
- ⊕ FORTY-NINE (49%) PERCENT OF MARIN 11TH GRADERS REPORT THAT THEY HAVE BEEN **OFFERED ILLEGAL DRUGS AT SCHOOL**.⁷
- ⊕ WHILE 79% OF MARIN SENIORS DRINK ALCOHOL (WITH 35% OF MEN AND 21% OF WOMEN DRINKING ALMOST DAILY), 81% HAVE TAKEN ONE OR MORE TYPES OF **PRESCRIPTION DRUGS** IN THE PAST YEAR.⁸
- ⊕ MORE MARIN TEENS, ADULTS AND SENIORS **DRINK ALCOHOL** THAN THE CALIFORNIA AND NATIONAL AVERAGES.⁹



⁴ California Healthy Kids Survey (2001).

⁵ Ibid.

⁶ Marin Youth Health Advisory Council Survey (2003).

⁷ California Healthy Kids Survey (2001).

⁸ Marin Community Health Survey (2001).

⁹ California Healthy Kids Survey (2001); California Student Survey (2001); National Household Survey on Drug Abuse (2002); Marin Community Health Survey (2001); California Health Interview Survey (2001).

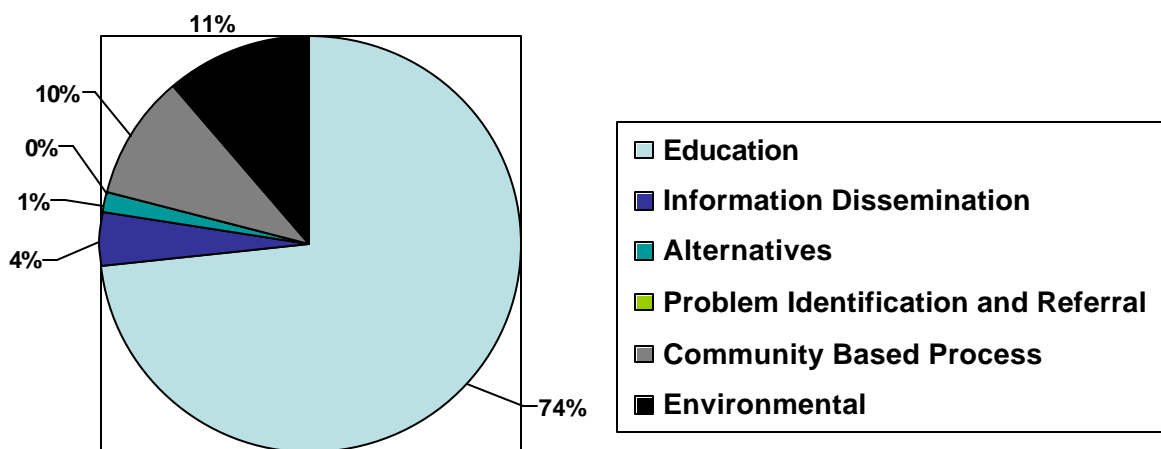
PREVENTION PROGRAM INVENTORY

Service Gaps—Underutilized Strategies

In reviewing the Prevention Program Inventory (refer to Appendix D for a complete listing of the Prevention Program Inventory), it is apparent that there are clear gaps in the provision of prevention services, particularly in terms of strategy. As detailed in Figure 1 below, educational strategies account for 74% of prevention services, while only 11% of programs utilize environmental approaches as their primary strategy to prevent and reduce problems associated with alcohol and other drug use. In addition, no programs provide problem identification and referral services as their primary prevention strategy.

Figure 1

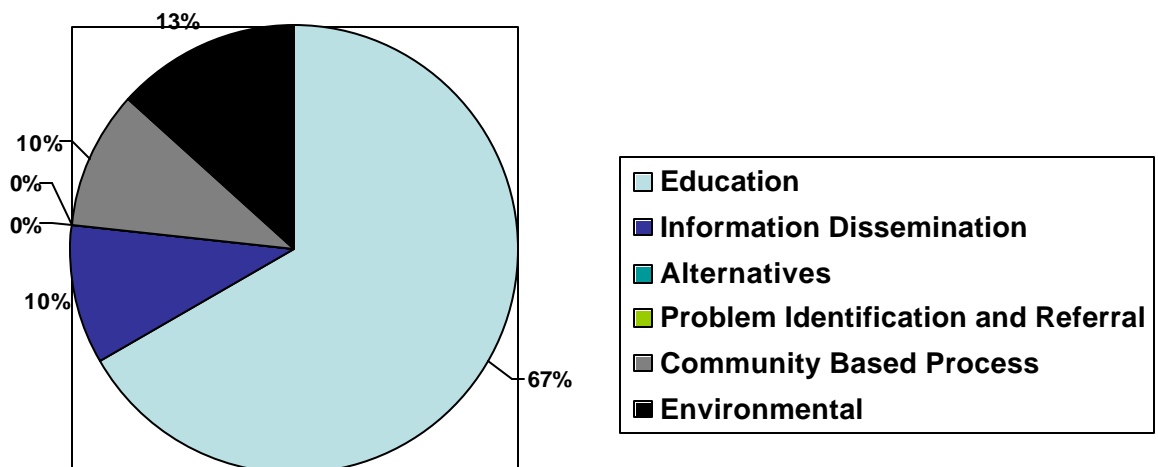
Prevention Programs by Primary CSAP Strategy All Marin County Programs



The strategies and programs currently (FY 2003/04) funded by ADTP mirror the programmatic trends of the County-wide distribution of prevention strategies (see Figure 2). Similar to Figure 1, Education is clearly the most prevalent strategy for the delivery of prevention services.

Figure 2

Prevention Programs by Primary CSAP Strategy Programs funded by Marin HHS- Alcohol and Drug



Similar to information dissemination, research has consistently demonstrated that education alone is ineffective in making significant changes in alcohol and other drug problems. Communities must employ multiple strategies, in multiple settings and across populations in order to make a meaningful impact on alcohol and other drug use. As such, the Action Plan in the Strategic Plan reflects goals, objectives and activities that utilize multiple approaches, and are based on the needs, assets and trends identified in the needs assessment conducted by the Marin AOD Prevention Collaborative.

ACTION PLAN

Based on the findings of the needs assessment, as well as a review of the current prevention program inventory, the Marin AOD Prevention Collaborative identified and prioritized four areas of focus for primary prevention efforts for the next five years:

- 1) Access to Alcohol and Other Drugs;
- 2) Pro-Alcohol Marketing and Promotion Influences;
- 3) Systemic Capacity for Prevention; and
- 4) Norms and Awareness of Alcohol and Other Drug Issues.

The Marin AOD Prevention Collaborative formed workgroups to develop the goals, objectives and activities for each of the four priority areas.

PRIORITY AREA: ACCESS TO ALCOHOL AND OTHER DRUGS

INDICATORS

- Ease of youth access to alcohol and other drugs from social and commercial sources
- Limited enforcement of alcohol-related laws
- Lack of policies restricting alcohol availability and accessibility
- Limited education and training for alcohol retailers/servers, parents, law enforcement and schools
- High rates of driving under the influence of alcohol
- High alcohol outlet density

STRATEGIES

- Community-Based Process
- Education
- Environmental
- Information Dissemination

Goal 1: Decrease Youth Access to Alcohol and Other Drugs

Objective 1: By January 31, 2005, create a Countywide Youth Access Team, comprised of local law enforcement, the District Attorney, CMCA Councils, other youth groups, Alcoholic Beverage Control, ADTP and other interested community members that will address youth access to alcohol and other drugs.

- Activity 1:** Develop a mini-grant program for local law enforcement to participate in the Countywide Youth Access Team. Primary activities funded with mini-grants will include conducting enforcement operations (e.g. shoulder tap and decoy operations and compliance checks with alcohol-laws, etc.), and assisting with the Responsible Beverage Service Program.
- Activity 2:** Outreach to proposed partners to join the Countywide Youth Access Team.
- Activity 3:** Develop a comprehensive Youth Access Campaign, consisting of enforcement, media, policy and education/training activities.

Objective 2: By June 30, 2009, jurisdictions in Marin will adopt at least 7 alcohol or other drug availability or accessibility policies.

- Activity 1:** Develop a matrix to establish a baseline figure of current local policies that are designed to reduce alcohol availability and accessibility among youth.
- Activity 2:** Research other cities and counties for examples of model policies. Policies could include Deemed Approved ordinances, Conditional Use Permit ordinances, drug paraphernalia ordinances, mandatory Responsible Beverage Service training ordinances (e.g. mandatory server training, mandatory training for one-day licenses, special event planner training), teen party ordinances/social host liability ordinances, etc.
- Activity 3:** Implement the Communities Mobilizing for Change on Alcohol Program model¹⁰ (CMCA) in at least 6 communities in Marin. (Refer to Norms and Awareness Priority Area).

Objective 3: By June 30, 2009, there will be a 40% decrease from baseline in youth access to alcohol from commercial sources.

- Activity 1:** Coordinate with the District Attorney and local law enforcement to develop guidelines for conducting decoy operations.
- Activity 2:** Conduct decoy operations at all off-sale liquor retailers to establish a baseline compliance rate with youth alcohol access laws.
- Activity 3:** Compile additional relevant data on youth alcohol access, such as violation data from ABC, perceived ease of access data from the California Healthy Kids Survey (CHKS) and sources of alcohol access data from the Youth Health Advisory Council (YHAC) survey.
- Activity 4:** Conduct regular (TBD) decoy operations at all off-sale liquor retailers.
- Activity 5:** Provide Responsible Beverage Service and Sales Training to licensees and clerks of off-sale alcohol retailers. (Refer to Goal 2)
- Activity 6:** Advocate for alcohol availability and accessibility policies. (Refer to Goal 1, Objective 2)
- Activity 7:** Develop and implement a media advocacy campaign on youth alcohol access.

Objective 4: By June 30, 2009, there will be a 40% decrease from baseline in youth access to alcohol from social sources.

- Activity 1:** Coordinate with the District Attorney and local law enforcement to develop guidelines for conducting shoulder tap or other social sources operations.
- Activity 2:** Conduct shoulder tap operations at all off-sale liquor retailers to establish a baseline compliance rate with youth alcohol access laws.
- Activity 3:** Compile additional relevant data on youth alcohol access, such as noise disturbance data from local law enforcement, violation data from ABC, perceived ease of access data from the CHKS and sources of alcohol access data from the YHAC survey.
- Activity 4:** Conduct shoulder tap operations at all off-sale liquor retailers at regular (TBD) intervals.
- Activity 5:** Provide Responsible Beverage Service and Sales Training to licensees and clerks of off-sale alcohol retailers. (Refer to Goal 2)
- Activity 6:** Advocate for social host policies. (Refer to Goal 1, Objective 2)
- Activity 7:** Develop and implement a media advocacy campaign on youth alcohol access.

¹⁰ The CMCA Model utilizes the following steps: 1) Assess the wants, needs and resources of the community; 2) Create a core leadership group; 3) Develop an Action Plan; 4) Build a mass base of mobilized citizens; 5) Implement the Action Plan; 6) Institutionalize and maintain efforts; 7) Evaluate changes.

Goal 2: Implement Community-wide Responsible Beverage Service (RBS) Programs and Policies to Reduce the Incidence of Alcohol-Related Problems

Objective 1: By January 31, 2005, establish a baseline report of specific alcohol problems associated with the sale and service of alcohol.

- Activity 1:** Conduct a Data Mapping Project that illustrates the incidence of alcohol problems in relation to the location and density of establishments that sell and serve alcohol.
- Activity 2:** Develop and publicize a centralized alcohol-related complaint intake and processing system.
- Activity 3:** Coordinate with the Drinking Driver Program to implement the Place of Last Drink survey.
- Activity 4:** Compile all of the relevant data into a baseline report outlining the community problems associated with the sale and service of alcohol.

Objective 2: By January 31, 2005, form a Collaborative comprised of local law enforcement, the District Attorney, Alcoholic Beverage Control, Drinking Driver Program, interested Youth Groups, the Youth Access Team and other interested community members to develop a comprehensive RBS Program consisting of enforcement, training and policy activities.

- Activity 1:** Outreach to potential members of the Collaborative.
- Activity 2:** Develop a comprehensive plan and implementation timeline for RBS efforts that includes enforcement, training and policy activities.
- Activity 3:** Develop and conduct a mini-grant process for training and enforcement activities (Refer to Goal 1, Objective 1) pertaining to RBS.

Objective 3: By June 30, 2009, 80% of establishments with on and off-sale liquor licenses will be trained in Responsible Beverage Sales and Service practices.

- Activity 1:** Establish a baseline of on and off-sale liquor licensees that have received RBS training.
- Activity 2:** Recruit and train 2-3 RBS trainers to provide trainings to establishments that sell and serve alcohol. Provide periodic Train the Trainers sessions to expand the pool and capacity of RBS trainers.
- Activity 3:** The RBS Collaborative will develop an outreach strategy for licensees, such as letter from the Sheriff and DA, and media activities. Other strategies could include media activities and implementing a standardized follow-up protocol for establishments that are repeatedly named in the Place of Last Drink survey.
- Activity 4:** HHS, with the support of local law enforcement and the District Attorney, will outreach to licensees to provide RBS training.
- Activity 5:** The RBS trainers will provide at least two (2) group trainings in FY 2004/05 and at least four (4) group trainings per year thereafter.

Objective 4: By June 30, 2009, servers for at least 25 special events will be trained in Responsible Beverage Sales and Service practices.

- Activity 1:** Coordinate with Alcoholic Beverage Control (ABC) and local Planning Departments to identify and track establishments that apply for event permits.
- Activity 2:** Coordinate with the Planning Departments in each of the cities to determine their special event permit processes and requirements.
- Activity 3:** Identify a list of potential event organizers, including the faith-based community, County Departments and Advisory Boards, non-profit organizations and business community.
- Activity 4:** Outreach to one-day permit applicants and event organizers to offer RBS training for their servers. Outreach efforts may include sending letters or coordinating with the Planning Departments and/or Park and Recreation Departments to recommend RBS training to all special event permit applicants.
- Activity 5:** The RBS trainers will offer at least two (2) group trainings in FY 2004/05 and at least four (4) group trainings per year thereafter.

Objective 5: By June 30, 2009, 25% of establishments receiving RBS training will implement policies regarding Responsible Beverage Sales and Service.

- Activity 1:** Outreach to licensees and managers for on/off sale establishments and organizers for special events to provide RBS training that includes a policy development component.
- Activity 2:** Provide at least one (1) group RBS training in FY 2004/05 and at least two (2) group RBS trainings per year thereafter.
- Activity 3:** Provide technical assistance to licensees and managers in policy development. Technical assistance may include: providing sample policies; conducting specialized training; or conducting a risk assessment of the establishment and making policy recommendations
- Activity 4:** Assess implementation and compliance with RBS policies by administering a survey, conducting a risk assessment and/or conducting enforcement activities as appropriate.

Objective 6: By June 30, 2009, there will be 90% compliance with Responsible Beverage Sales and Services practices.

- Activity 1:** Coordinate with the RBS Collaborative/Youth Access Team to conduct compliance checks of establishments licensed with ABC to establish a baseline. Compliance checks may include administering surveys (self-report), observing special events, conducting risk assessments, and/or conducting enforcement operations pertaining to sales to minors, shoulder tapping or serving to obviously intoxicated patrons.
- Activity 2:** Conduct compliance checks at regular (TBD) intervals.

PRIORITY AREA: PRO-ALCOHOL MARKETING AND PROMOTION INFLUENCES

INDICATORS

- Extent of alcohol industry sponsorship of community events
- Extent of alcohol advertising in the retail environment
- Extent of pro-alcohol media messages

STRATEGIES

- Community-Based Process
- Education
- Environmental
- Information Dissemination

Goal 1: Decrease pro-alcohol marketing and promotion practices

Objective 1: By June 30, 2009, 90% of stores licensed with Alcoholic Beverage Control will be in compliance with the Lee Law. *(The Lee Law pertains to Retail Operating Standards, including provisions on graffiti, lighting and signage. For example, no more than 33% of a storefront can be covered in any advertising.)*

- Activity 1:** Building on existing data, establish a baseline of the proportion of storefronts in Marin that are in compliance with the Lee Law.
- Activity 2:** Implement a youth-led media or photo-novella campaign on pro-alcohol advertising in Marin. (Refer to Objective 3 for potential coordination)
- Activity 3:** Coordinate with the Youth Access Team to develop an education and enforcement plan that includes conducting merchant education (e.g. via RBS training) and compliance checks in conjunction with decoy operations.

Objective 2: By June 30, 2009, there will be three (Year 1, 3 and 5) youth-led surveys of the retail environment and/or youth access to alcohol and other drugs.

- Activity 1:** A youth group will develop or modify a survey instrument to assess alcohol and other drug influences in the retail environment and/or assess youth access to alcohol and other drugs. The data can be used in program planning and evaluation efforts.
- Activity 2:** The youth group will administer the survey in Year 1 (2004/2005), Year 3 (2006/07) and Year 5 (2008/09).
- Activity 3:** The youth group will analyze the data and develop recommendations and a dissemination plan.
- Activity 4:** The youth group will disseminate the survey results using methods such as meetings with key stakeholders, media events and presentations.

Objective 3: By June 30, 2009, 50% of Marin high schools and 25% of Marin middle schools will have a media literacy¹¹ component in place.

- Activity 1:** Coordinate with Marin County schools and Tobacco Education Program to establish a baseline of schools with a media literacy component.
- Activity 2:** Form a working group comprised of key stakeholders to develop a plan for implementing a media literacy program in middle and high schools (*services can be provided by a community-based organization or through mini-grants directly to the schools*). Workgroup activities can include: Compile list of curricula; review the materials that are in the Instructional Media Center (housed at the Marin County Office of Education), develop expectations from grantees; determine the structure of the training and technical assistance; discuss implementation strategies.
- Activity 3:** Outreach to schools and/or conduct a mini-grant process (as appropriate) for all public and private middle and high schools. All mini-grant recipients will be expected to adopt school policies regarding alcohol advertising and sponsorship.
- Activity 4:** Provide technical assistance and training to the schools implementing the selected media literacy component.
- Activity 5:** All mini-grant recipients and/or participating schools will implement one media literacy activity per year such as a counter-advertising project or social norms marketing campaign. Participating schools can develop their own project or coordinate with an existing campaign.

Objective 4: By June 30, 2009, at least 15 organizations will adopt policies around the sponsorship and promotion of alcohol.

- Activity 1:** Collect baseline information via a youth-led Community Assessment of how many organizations/businesses are in part sponsored by the alcohol industry (including wineries).
- Activity 2:** Compile relevant information on the impact of alcohol industry sponsorship and promotion on communities.
- Activity 3:** Obtain and develop model policies pertaining to alcohol industry sponsorship and promotion.
- Activity 4:** Outreach to organizations that do and do not currently accept alcohol industry sponsorship to discuss adopting voluntary policies restricting alcohol industry sponsorship and promotion.
- Activity 5:** Provide technical assistance to organizations. Technical assistance can include developing and providing a Toolkit on alternative sponsorship, assisting with developing model policies or assisting in developing a plan to phase out alcohol industry sponsorship.
- Activity 6:** Recruit and train a new or existing youth group to develop a youth-led media campaign on exposing alcohol industry marketing and promotion practices. Media activities can focus on any aspect of marketing and promotion, including sponsorship, advertising and product placement.

¹¹ Media literacy is the ability to "read" television and mass media. Media literacy education teaches people to access, analyze, evaluate and produce media. [Source: Peter D. www.medialiteracy.net]

PRIORITY AREA: SYSTEMIC CAPACITY FOR PREVENTION

INDICATORS

- Limited local data and/or tracking systems
- Limited capacity of individuals/agencies involved in prevention
- Limited participation of agencies/individuals involved in prevention

STRATEGIES

- Community-Based Process
- Education
- Information Dissemination
- Problem Identification and Referral

Goal 1: Improve available data to better inform prevention policy, service and delivery decisions

Objective 1: By June 30, 2005, develop and disseminate a baseline data report.

- Activity 1:** Identify current data sources (e.g. focus group data, local program data, and needs assessment data from the Strategic Plan).
- Activity 2:** Collect all of the available data and compile it into a baseline data report.
- Activity 3:** Disseminate the baseline data report to key stakeholders and interested parties via methods such as targeted mailings, presentations and the County website.

Objective 2: By June 30, 2006, evaluate additional data needs and implement collection of that data.

- Activity 1:** Identify additional data needs and tracking systems.
- Activity 2:** Identify vehicles for collecting the data (e.g. CHKS, Marin Community Health Survey and regular focus groups).
- Activity 3:** Identify the individuals and agencies that can assist in collecting the particular data. For example, prevention partners can be trained to conduct focus groups.
- Activity 4:** Meet with the identified individuals and agencies responsible for data collection and develop a data collection plan. The plan may include writing survey questions, allocating funds to purchase questions and coordinating with the schools to permit additional questions on the CHKS.

Objective 3: By June 30, 2007, establish ongoing quantitative and qualitative data collection procedures, which encourage timely and accurate reporting (user-friendly).

- Activity 1:** Develop agreed upon policies and procedures to continue collecting data on an ongoing basis.

Objective 4: By June 30, 2005, identify and collect current Best Practices and emerging evidence/science based practices for preventing alcohol and other drug problems.

Activity 1: Create a recommended best practices database which will be reviewed and updated annually.

Goal 2: Ensure that all prevention providers in the County use evidence/science-based prevention practices

Objective 1: By June 30, 2007, all prevention providers will receive basic training in Promising and Best Practices in alcohol and other drug prevention work.

Activity 1: Identify and collect current Best Practices and emerging evidence/science based practices for preventing alcohol and other drug problems.

Activity 2: Create a recommended Best Practices database which will be reviewed and updated annually. The database can be posted on the County website.

Activity 3: Identify and create a contact list of all prevention providers (e.g. county-funded agencies, schools, law enforcement, community based organizations, faith-based community, Park & Recreation departments and youth and senior serving organizations).

Activity 4: Offer at least three trainings per year on Promising and Best Practices in alcohol and other drug prevention work.

Activity 5: Provide technical assistance to training attendees to implement Promising and Best Practices.

Objective 2: By December 31, 2005, a prevention training program, consisting of regular and ongoing training opportunities, will be developed.

Activity 1: Identify additional training needs and interests via provider surveys, training evaluations and technical assistance requests.

Activity 2: Develop a Training Institute that consists of regular and ongoing free and low cost training opportunities, including best practices for prevention, problem identification and referral, universal prenatal screening for alcohol and other drugs, youth/adult partnerships, program evaluation, working with special populations (e.g. youth, seniors, families, individuals with disabilities, pregnant/parenting women, children of substances abusers, children and parents in the foster care system, and underrepresented or marginalized populations), stress reduction tools and techniques for clients, and other trainings as requested.

Activity 3: Publish a Training Institute catalog containing available training opportunities.

Activity 4: Disseminate the Training Institute catalog via the County website and by mail to potential stakeholders, such as schools, law enforcement, community providers, faith-based community and hospitality industry.

Objective 3: By June 30, 2009, 75% of the prevention providers that received training will be utilizing promising and best practices in alcohol and other drug prevention.

Activity 1: Develop a system to evaluate the extent to which science-based prevention practices are being adopted and utilized.

Goal 3: Increase coordination and cohesiveness among prevention providers

Objective 1: By June 30, 2009, there will be a 50% increase in individuals/agencies actively involved in alcohol and other drug prevention.

- Activity 1:** Identify current individuals/agencies involved in alcohol and other drug prevention, as well as potential prevention partners, including volunteers.
- Activity 2:** Collect information about their programs, including contact information, populations served, program description and prevention approach.
- Activity 3:** Create and annually update an online directory listing various prevention programs and resources.
- Activity 4:** Outreach to and build linkages with new prevention partners, with a particular emphasis on marginalized populations, to expand the quality and quantity of prevention providers. Outreach can also be directed at large employers (e.g. County of Marin) to establish and expand employee wellness programs that include alcohol and other drug prevention strategies.
- Activity 5:** Facilitate training and coordination opportunities with existing prevention efforts by disseminating the Training Institute catalog, promoting the online directory and convening regular prevention provider meetings.

Objective 2: By June 30, 2009, 90% of prevention providers will report an increase from baseline in coordination and communication among the prevention community.

- Activity 1:** Collect baseline information on perceived communication and coordination among the prevention community by developing and administering a survey to all identified prevention partners.
- Activity 2:** Establish a communication system for the prevention community, such as a website, list-serve, regular provider meetings or newsletters.
- Activity 3:** Offer provider cross-training opportunities. (refer to Goal 2).
- Activity 4:** Administer an annual survey to the prevention providers to assess perceived coordination and cohesion, identify opportunities for collaboration and seek input on methods for improving coordination and communication.

Goal 4: Increase public awareness and support of alcohol and other drug prevention programming

Objective 1: By June 30, 2009, there will be a 50% increase from baseline in media messages about alcohol and other drug prevention issues.

- Activity 1:** Collect baseline information on alcohol and other drug prevention media messages.
- Activity 2:** Offer media advocacy training to all identified prevention partners.
- Activity 3:** Prevention providers and a media and public relations contact will coordinate to develop a plan for working with the media. The plan may include developing unified messages, meeting with Editorial Boards and conducting spokesperson trainings.
- Activity 4:** Implement various media campaigns as outlined throughout the Strategic Plan.

Objective 2: By June 30, 2009, there will be a 75% increase from baseline in funding for primary alcohol and other drug prevention programs.

- Activity 1:** Create a coordinated development strategy which may include identifying and meeting with potential funding agencies, leveraging current resources to seek matching funds, applying for grants, engaging and mobilizing the community to advocate for prevention and sharing evaluation results with key stakeholders and funders to illustrate the success and need for primary prevention funds.

Objective 3: By June 30, 2009, there will be a 50% increase in individuals/agencies actively involved in alcohol and other drug prevention.

Refer to Goal 3, Objective 1

Goal 5: Train community partners in problem identification and referral

Objective 1: By June 30, 2006, all identified prevention providers will receive basic training in problem identification and referral.

- Activity 1:** Identify and create a contact list of prevention providers to outreach to (e.g. policymakers, advocacy associations, school administrators, teachers, parents, healthcare providers, faith based organizations, social service providers and agencies that work with marginalized or underserved populations, such as the aging, dually diagnosed and immigrant populations).
- Activity 2:** Offer at least two trainings per year on problem identification and referral.
- Activity 3:** Assist in distributing a resource guide containing available referral resources.

Objective 2: By June 30, 2006, 80% of the prevention providers that received training will report an increased confidence in their ability to identify a problem and make an appropriate referral.

- Activity 1:** Develop a system to evaluate the extent to which problem identification and referral practices are being adopted and utilized (e.g. look at the rate of referrals and review organizational policies).

PRIORITY AREA: NORMS AND AWARENESS OF ALCOHOL AND OTHER DRUG ISSUES

INDICATORS

- Disproportionately high rates of alcohol and other drug use
- Extent of perceptions and use of marijuana
- Universal binge drinking
- Limited public education on and awareness of alcohol and other drug issues

STRATEGIES

- Alternatives
- Community-Based Process
- Education
- Environmental
- Information Dissemination

Goal 1: Engage the community to identify and change harmful norms regarding alcohol and other drug use in Marin communities

Objective 1: By January 31, 2006, convene Community Action Teams on the following issues: 1) Youth Access to Alcohol and Other Drugs from Social and Commercial Sources; 2) Service, Sale and Industry Sponsorship of Alcohol at Community Events; 3) Binge Drinking among Youth and Young Adults; 4) Binge Drinking among Older Adults; and 5) Perceived Harm of Marijuana.

- Activity 1:** Develop a mini-grant program to fund Community Action Teams to develop and implement an Action Plan that addresses the above mentioned issues.
- Activity 2:** Provide funding to agencies/organizations that will coordinate the Community Action Teams.
- Activity 3:** Form the core leadership of the Community Teams drawing from representatives from the various communities¹² in Marin County.

Objective 2: By January 31, 2006, form at least three Friday Night Live/Club Live chapters comprised of non-traditional youth leaders.

- Activity 1:** Develop programmatic guidelines for an organization/agency to establish at least three Friday Night Live/Club Live chapters. Programmatic elements will include that the groups be comprised of non-traditional youth leaders and that each of the groups can identify their own projects, which may include planning and engaging in alternative activities or engaging in any campaign outlined in the Strategic Plan.
- Activity 2:** Develop a list of potential sites for coordination or to locate a Friday Night Live/Club Live chapter. Sites could include Phoenix Academy, Juvenile Hall, County Community School, local teen clinics, teen centers, worksites that employ young people or the Making Waves After School Program.
- Activity 3:** Outreach to the various sites to assess their interest in hosting a chapter and joining the Friday Night Live/Club Live network.

¹² "Community" can include organizations, institutions, ethnic and racial communities, tribal communities, governments, faith communities, and associations/affinity groups based on age, social status, occupation, sexual orientation, geography, professional affiliation or political or social interest.

Objective 3: By March 31, 2006, each Community Action Team will develop an Action Plan to impact the alcohol and other drug use patterns, utilizing evidence-based prevention strategies to influence social norms.

- Activity 1:** The core leadership group will review relevant data and identify community-specific norms and underlying issues and conditions that support the norms.
- Activity 2:** Provide training on alcohol and other drug use patterns, norms and evidence-based prevention strategies to the core leadership groups.
- Activity 3:** Convene a training for the core leadership groups on identifying their own norms, perceptions, and experiences of alcohol and other drug use and prevention strategies.
- Activity 4:** Community Action Teams will develop an Action Plan that impacts alcohol and other drug use patterns by utilizing multiple strategies in multiple settings to influence the social norms. The Action Plans should incorporate strategies that include education/training, policy, media and enforcement activities, as appropriate.
- Activity 5:** Community Action Teams will outreach to other community members to build a mass base of mobilized citizens. This can be done by conducting media activities, convening Town Hall meetings, coordinating with youth and senior-serving organizations, and outreaching to faith and community-based organizations.

Objective 4: By June 30, 2006 (and annually until June 30, 2009), each Friday Night Live/Club Live chapter will have developed and implemented at least one project.

- Activity 1:** The chapter participants will develop their mission and by-laws.
- Activity 2:** Each chapter will select a project of interest and develop an Action Plan. *(Projects can include any alcohol and other drug-free activities. The purpose of the project is to engage non-traditional youth leaders, provide alternative activities and provide meaningful opportunities for participation and activism.)*
- Activity 3:** Each chapter will implement their project.

Goal 2: Increase awareness of alcohol and other drug use and related harm to Marin communities and individuals

Community Action Team: Youth Access to Alcohol and Other Drugs from Social and Commercial Sources

Objective 1: By June 30, 2009, there will be a 40% decrease in youth access to alcohol from social and commercial sources.

Refer to Access to Alcohol and Other Drugs Priority Area, Goal 1

Community Action Team: Service, Sale and Industry Sponsorship of Alcohol at Community Events.

Objective 1: By June 30, 2009, at least 15 organizations will adopt policies around the sponsorship and promotion of alcohol.

Refer to Priority Area Pro-Alcohol Marketing and Promotion Influences, Goal 1, Objective 3

Community Action Team: Binge Drinking Among Youth and Young Adults

Objective 1: By June 30, 2009, there will be a 30% decrease in 11th graders and 30% decrease among 18-24 year olds that report binge drinking in the past 30 days.

Activity 1: Implement the Action Plan developed by the Community Action Team.

Activities may include the following:

- Limit supply of alcohol by implementing alcohol free event policies, RBS policies and programs, zoning and Conditional Use Permit ordinances, and enforcing alcohol laws.
- Enforce the Legal Drinking Age by enforcing youth access from social and commercial access laws and implementing RBS programs and policies.
- Raise community awareness about the implications of and harm related to binge drinking via media activities, education and training.

Activity 2: Track and evaluate changes.

Community Action Team: Binge Drinking Among Older Adults

Objective 1: By June 30, 2009, there will be a 30% decrease in older adults that report binge drinking in the past 30 days.

Activity 1: Implement the Action Plan developed by the Community Action Team.

Activities may include the following:

- Raise community awareness about the implications of and harm related to binge drinking, including interactions with medications and supplements, via media activities, education and provider training.
- Limit supply of alcohol by implementing alcohol free event policies, RBS policies and programs, zoning and Conditional Use Permit ordinances, and enforcing alcohol laws.
- Develop a provider education program that may include distributing information, integrating alcohol-related questions into patient visits, providing problem identification and referral services and promoting participation in alternate activities.

Activity 2: Track and evaluate changes.

Community Action Team: Perceived Harm of Marijuana

Objective 1: By June 30, 2009, there will be a 30% increase in perceived harm of marijuana use among 9th and 11th grade students.

Activity 1: Implement the Action Plan developed by the Community Action Team.

Activities may include the following:

- Obtain and/or develop educational materials that utilize an interactive model that includes dialogue about alcohol and other drug use and related harm.
- Provide youth, parents, schools and providers with on-going support and technical assistance to address alcohol and other drugs and related harm.
- Implement a social norms marketing campaign on perceived peer use of marijuana.
- Develop, implement and enforce school policies pertaining to marijuana use.
- Conduct media activities to promote the facts of marijuana use
- Promote alternatives for coping and stress reduction.

Activity 2: Track and Evaluate Changes

EVALUATION PLAN

Program evaluation is essential in informing program design, monitoring program implementation and assessing the effectiveness in achieving the desired outcomes. ADTP will contract with an independent evaluator to assist with developing the overall system to track and report on all program outcomes. Sources that will be utilized for evaluation purposes include:

- Survey data;
- Focus group data;
- Participant observations;
- Key informant interviews; and
- Document review data.

PROGRAM MONITORING

At program start-up, the Independent Evaluator and ADTP will meet with the grantees to develop program-specific evaluation plans. All grantees will submit quarterly reports, which will include relevant quantitative and qualitative measures that document program progress toward meeting the contract objectives. ADTP, the Independent Evaluator and grantees will meet on a quarterly basis to assess progress and adherence to the program design, provide any technical assistance and make course corrections as necessary.

In addition to conducting program-specific evaluation activities, ADTP will utilize an *Empowerment Evaluation* model whereby the Marin AOD Prevention Collaborative and other interested stakeholders will meet annually to:

- Review project milestones;
- Evaluate program progress toward achieving the objectives;
- Determine which programmatic components to highlight; and
- Recommend course corrections as necessary.

PUBLICATION AND DISSEMINATION

The Independent Evaluator will compile annual evaluation reports which will be shared with the Marin AOD Prevention Collaborative, Board of Supervisors and other key stakeholders and interested community members. In addition, case studies and other relevant evaluation reports will be posted on the County website and disseminated through community and provider newsletters and the media.

EVALUATION PLAN FOR THE ACTION PLAN

Following is an overview of the key indicators and data sources that will be utilized to measure changes in each of the four priority areas in the Action Plan.

PRIORITY AREA: REDUCE ACCESS TO ALCOHOL AND OTHER DRUGS

GOAL 1: Reduce Youth Access to Alcohol and Other Drugs				
KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Form a Youth Access Team Develop a data mapping system Advocate for alcohol availability and accessibility policies Conduct enforcement activities Implement media advocacy campaigns	Ease of youth access to alcohol and other drugs from social and commercial sources	California Healthy Kids Survey (CHKS)	2004, 2006, 2008	County and CMCA Evaluator
		Marin Youth Health Advisory Council (MYHAC) Survey	2005, 2007, 2009	MYHAC
		Decoy Operations	TBD	Evaluator; Law Enforcement Evaluator
		Alcoholic Beverage Control (ABC)	Annually	
		Parent and Teen Focus Groups	Annually	Evaluator
	Lack of Policies restricting alcohol availability/accessibility	Policy Matrix	Annually	County
	Limited enforcement of alcohol-related laws	Key Information Interviews	Annually	Evaluator
	High alcohol outlet density	ABC	Annually	Evaluator
GOAL 2: Implement Community-Wide Responsible Beverage Service (RBS) Programs and Policies to Reduce the Incidence of Alcohol-Related Problems				
KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Form an RBS Collaborative Provide RBS training to establishments and special events planners that sell and serve alcohol Conduct compliance checks of establishments that sell and serve alcohol Advocate for RBS programs and policies	Limited education and training for alcohol retailers/servers and law enforcement	RBS Training Log	Ongoing	County
	Lack of policies restricting alcohol availability/accessibility	Policy Matrix	Annually	County
	High rates of driving under the influence of alcohol	Place of Last Drink Survey	Ongoing	Drinking Driver Program; County
		Department of Motor Vehicles	Annually	Evaluator
	Limited enforcement of alcohol-related laws	Key Informant Interviews	Annually	Evaluator
	Other alcohol-related problems	Special Events Follow-up Survey	Ongoing	County; Contract Provider
		Log of AOD-Related Calls for Service	Semi-Annually	Evaluator; Law Enforcement

PRIORITY AREA: PRO-ALCOHOL MARKETING AND PROMOTION INFLUENCES

GOAL 1: Decrease Pro-Alcohol Marketing and Promotion Practices

KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Youth-led assessment of alcohol retailers	Extent of alcohol industry sponsorship of community events	Signed Pledges of No Industry Sponsorship	Ongoing	Contract Provider
Youth-led media campaign on alcohol industry marketing and promotion practices	Extent of alcohol advertising in the retail environment	MYHAC Survey	2005, 2007, 2009	MYHAC
	Extent of pro-alcohol media messages	MYHAC Survey	2005, 2007, 2009	MYHAC
School-based media literacy programs	Understand alcohol industry marketing and promotion practices	Post-Test Survey from Media Literacy Classes	Ongoing	Contract Provider
Advocate for policies that limit alcohol industry sponsorship and promotion				

PRIORITY AREA: SYSTEMIC CAPACITY FOR PREVENTION

GOAL 1: Improve Available Data to Better Inform Prevention Policy, Service and Delivery Decisions

KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Set up data collection, analysis and reporting systems	Limited local data and/or tracking systems	Marin Community Health Survey	TBD	County
		Community Maps	Ongoing	Evaluator; County

GOAL 2: Ensure that all Prevention Providers in the County use Science/Evidence-Based Prevention Practices

KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Develop a Training Institute that offers free/low cost training on prevention best practices and related topics	Limited capacity of individuals/agencies involved in prevention	Database of Agencies Using Model Programs and Best Practices	Annual	Evaluator; County
		Training Institute Log	Ongoing	County
		Post-test Surveys of Training Institute participants	Ongoing	Evaluator; County

GOAL 3: Increase Coordination and Cohesiveness Among Prevention Providers

KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Outreach to new prevention partners	Limited participation of agencies/individuals involved in prevention	Directory of Prevention Providers	Annual	County
Develop a communication system for prevention partners		Training Institute Log	Ongoing	County
		Satisfaction Surveys	Annual	Evaluator

GOAL 4: Increase Public Awareness and Support of Alcohol and Other Drug Prevention Programming

KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Implement media campaigns	Limited participation of agencies/individuals involved in prevention	Directory of Prevention Providers	Annual	County
Advocate and apply for increased funding		Training Institute Log	Ongoing	County
		Satisfaction Surveys	Annual	Evaluator
Outreach to and engage new prevention partners	Extent of media messages on prevention issues	Log of Media Messages	Ongoing	Contract Provider; Evaluator
	Extent of funding for alcohol and drug prevention	County and Provider Budgets	Annual	Contract Providers; County

GOAL 5: Train Community Partners in Problem Identification and Referral

KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Offer training in problem identification and referral	Limited capacity of individuals/agencies involved in prevention	Training Log	Ongoing	County
		Training Evaluations	Ongoing	Evaluator
		Referrals to Services	Semi-Annual	Evaluator

PRIORITY AREA: NORMS AND AWARENESS OF ALCOHOL AND OTHER DRUG ISSUES

GOAL 1: Engage the Community to Identify and Change Harmful Norms Regarding Alcohol and Other Drug Use in Marin Communities

KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Form Community Teams, comprised of diverse participation Community Action Teams will develop Action Plans	Limited public education on and awareness of alcohol and other drug issues	Youth Development Survey	Annually	Contract Provider
		Community Team Rosters	Annually	Contract Providers
		Community Team Survey	Annually	Contract Providers; Evaluator

GOAL 2: Increase Awareness of Alcohol and Other Drug Use and Related Harm to Marin Communities and Individuals

KEY STRATEGIES	INDICATORS	TOOL/DATA SOURCE	FREQUENCY OF COLLECTION	PERSON RESPONSIBLE
Strategies to be determined by the Community Action Teams	Disproportionately high rates of alcohol and other drug use	Marin Community Health Survey	TBD	County
		CHKS	2004, 2006, 2008	Evaluator
		MYHAC Survey	2005, 2007, 2009	MYHAC
	Universal binge drinking	Marin Community Health Survey	TBD	County
		CHKS	2004, 2006, 2008	Evaluator
		Focus Groups (Seniors and Youth/Young Adult)	Annually	Evaluator; Contract Providers
		Place of Last Drink Survey	Ongoing	Drinking Driver Program; County
		Log of Related Media Messages	Annually	Contract Provider; County
	Extent of perceptions and use of marijuana	CHKS	2004, 2006, 2008	Evaluator
		Marin Community Health Survey	TBD	County
		Focus Groups	TBD	Contract Provider; Evaluator

GLOSSARY OF PREVENTION TERMINOLOGY

A significant portion of the glossary of prevention terminology was created for the California Prevention Collaborative by the Western Center for the Application of Prevention Technologies (funded by the Center for Substance Abuse Prevention).

ABC	The Department of Alcoholic Beverage Control is the state agency responsible for licensing and regulating alcoholic beverages.
Activity	A time-limited task, usually involving direct experience and participation of a student or students.
ADP	California Department of Alcohol and Drug Programs
ADTP	Marin County Division of Alcohol, Drug and Tobacco Programs
Alcohol, Tobacco and Other Drug Prevention:	Processes, services, policies, campaigns, planning, initiatives, activities and strategies that reduce problems incurred as a result of the availability, manufacture, distribution, promotion, sales and use of alcohol, tobacco and other drugs.
Alternatives	This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs usually filled by--alcohol and drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Drug free dances and parties; Youth/adult leadership activities; Community drop-in centers; and Community service activities. [Note: Alternative activities alone have not been shown to be effective at preventing substance abuse.]
ATOD	Alcohol, tobacco and other drugs.
BAC	Blood alcohol content
Best Practices	Strategies, activities, approaches, or programs shown through research and evaluation to be effective at preventing and/or delaying substance abuse.
CADCA	Community Anti-Drug Coalitions of America
CDC	Center for Disease Control and Prevention
CMCA	The Communities Mobilizing for Change on Alcohol Program model consists of the following seven steps: 1) Assess the wants, needs and resources of the community; 2) Create a core leadership group; 3) Develop an Action Plan; 4) Build a mass base of mobilized citizens; 5) Implement the Action Plan; 6) Institutionalize and maintain efforts; and 7) Evaluate changes.
Community	Community can include organizations, institutions, ethnic and racial communities, tribal communities and governments, and faith communities. Community also includes associations/affinity groups based on age, social status and occupation, professional affiliation, political or social interest, sexual orientation, as well as affiliations determined by geographic boundaries.

Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff officials training; Systematic planning; Multi-agency coordination and collaboration; Accessing services and funding; and Community team-building.

CSAP The Center for Substance Abuse Prevention, the federal agency responsible for alcohol and other drug prevention initiatives.

Cultural Competence: Understanding and appreciating the cultural differences and similarities within, among, and between groups, including values, norms, traditions, customs, arts, history, folklore, music, and institutions. This requires both the willingness and the ability to draw on community-based values, traditions, and customs.

CUP Conditional Use Permit, a local zoning ordinance that permits local review of proposed alcohol beverage outlets, with the ability to place preventive conditions of operation on the use, such as earlier closing times, lighting, less window advertising, use of security guards, etc.

DEA Drug Enforcement Administration

Decoys Decoy operations are also called “stings.” Decoys are minors who attempt to purchase alcohol products while under the supervision of law enforcement agencies; may result in citations for sales to minors.

Deemed Approved Ordinance: The type of ordinance places operating standards on existing alcohol outlets and is designed to reduce nuisance related activities occurring around the premises.

Drug Includes alcohol, tobacco and other drugs such as marijuana and cocaine.

Education This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Classroom and/or small group sessions (all ages); Parenting and family management classes; Peer leader/helper programs; Education programs for youth groups; and Children of substance abusers groups.

Effectiveness The improvement in health outcome that a prevention strategy can produce in typical community-based settings.

Efficiency A measure of the relationship between inputs and outputs in a prevention strategy. Efficiency goes beyond effectiveness of a prevention strategy by attempting to identify the maximum health output achievable for a set amount of resources.

Empowerment Evaluation: Evaluation that is designed to support program participants and staff in self-evaluation of their own programs (a form of internal evaluation).

Environmental Prevention: This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include, but not be limited to, the following: Promoting the establishment and review of alcohol, tobacco and drug use policies in schools; Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use; Modifying alcohol and tobacco advertising practices; and Product pricing strategies.

Evaluation Systematic collection, analysis, and use of program information for multiple purposes, including monitoring, program improvement, outcome assessment, planning, and policy-making.

Exemplary Practices: Those which long-term empirical research and evaluation have documented to be effective in reducing AOD use or violence (CDE definition).

Experimental Design: Research that compares a group of randomly-selected subjects who receive the treatment (the experimental group), with a group of comparable subjects who do not (the control group).

Formative Evaluation: Evaluation that is designed to collect information that can be used for continuous program improvement.

FNL Friday Night Live, youth-focused prevention organized through chapters in California.

Fortified Alcohol Products: Fortified wines (short dogs) and fortified beers (malt liquor) are products with high alcohol content, often a single being the equivalent of five mixed drinks. These cheap products are geared to homeless persons, young people, and people of color.

Goal A broad philosophical statement of what the prevention program aims to accomplish.

Guiding Principles: Recommendations on how to create effective prevention programs. When a community already has a prevention program or strategy in place, the guiding principles can be used to gauge the program's potential effectiveness. They can also be used to design an innovative program/strategy when none of the best practices are appropriate to the community's needs.

Health Communications: The crafting and delivery of messages and strategies, based on consumer research, to promote the health of individuals and communities.

Impact Evaluation: Achieves the purpose of learning whether the program “works.” Impact evaluations, sometimes called “summative” evaluations, are focused on demonstrated program outcomes only (although outcome evaluation is often done in tandem with impact evaluation).

Indicated Prevention Strategies: Efforts are aimed at individuals who may already display signs of substance use/abuse. These types of programs provide intensive programming for individuals in order to prevent the onset of regular or heavy substance abuse.

Indicator A measure that helps to quantify the achievement of a goal or result.

Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and

communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Clearinghouse/information resource center(s); Resource directories; Media campaigns; Brochures; Radio/TV public service announcements; Speaking engagements; Health fairs/health promotion; and Information lines. [Note: *Information dissemination alone has not been shown to be effective at preventing substance abuse.*]

Input Resources available to the program, including money, staff time, volunteer time, etc.

IOM Institute of Medicine (See Prevention Program Classification)

Instructional Media Center (IMC): The IMC is housed at the Marin County Office of Education and contains videos, posters, curriculum and other educational materials that can be checked out. All of the tobacco-related materials can be borrowed free of charge. The catalog can be accessed at the following link: <http://mcoeweb.marin.k12.ca.us/es/IMC/videos.htm>.

Intermediate Measure: The measure most directly associated with the intervention being evaluated, generally reported in terms of the service delivered, e.g., number of web hits, number of technical assistance deliveries.

Local Control Local city or county governments have many powers to establish laws and policies about alcohol and tobacco products. Local control refers to this arena of local policymaking.

Logic Model A flowchart or graphic display representing the logical connections between program activities and program goals.

Media Advocacy: The strategic use of media as a resource for advancing the social or public policy initiative. This focus is on collective behavior change, including norms and policies, instead of on individual behavior change.

Media Literacy: Media literacy is the ability to "read" television and mass media. Media literacy education teaches people to access, analyze, evaluate and produce media. [Source: Peter D. www.medialiteracy.net]

Meta-analysis A study in which the empirical findings from many summative evaluations are standardized in a way that permits a single summative evaluation of their collective results. This process allows the measures of change or differences between groups to be standardized by controlling for sample size and standard deviation of the changes. In this way, conclusions about the size of effects across many studies can be estimated.

Model Programs: Prevention programs that have been rigorously evaluated and have repeatedly demonstrated positive outcomes.

Monitoring A type of evaluation designed to ensure that program activities are being implemented as planned (e.g., the number of participants, number of hours, type of activities, etc).

National Prevention Network (NPN): A membership organization of state prevention coordinators.

National Registry of Effective Prevention Programs (NREPP): This is a CSAP supported activity to gather nominations of examples of prevention programs that may be reviewed for their scientific merits and effectiveness. Programs discovered to have substantial evidence of scientific merit and effectiveness may be selected as "best and promising practice"

models” for dissemination and application. (see <http://www.samhsa.gov/centers/csap/csap.html>)

NCADI	CSAP’s National Clearinghouse for Alcohol and Drug Information acts as the central point within the Federal Government for current print and audiovisual materials about alcohol, tobacco, and other drug problems.
NCAP	National Center for the Advancement of Prevention
NIAAA	National Institute of Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
Objective	The way(s) in which each goal will be achieved. Objectives are specific, measurable, attainable, realistic and time-oriented. They are smaller in scope than goals.
Off Sale	Off-sale refers to establishments that are licensed by the Alcoholic Beverage Control to sell alcohol for off-site consumption, such as a liquor or grocery store.
OJJDP	Office of Juvenile Justice and Delinquency Prevention
On Sale	On-sale refers to establishments that are licensed by the Alcoholic Beverage Control to sell and serve alcohol for on-site consumption, such as a bar or restaurant.
ONDCP	Office of National Drug Control Policy
Outcome	Ways in which the participants of a prevention program could be expected to change at the conclusion of the program (e.g., increases in knowledge, changes in attitudes or behavior, etc.).
Outcome Evaluation: Achieves the purpose of assessing the immediate changes that are expected for the individuals, organizations, and/or communities involved.	
Output:	The immediate products or activities of a program.
Performance Indicators: Target benchmarks that show if a program’s goals and objectives are being achieved. Performance indicators can be measured by specific data collected through assessment or survey tools.	
Prevention	<p>While there is no single definition of prevention there is general agreement among prevention practitioners on the overall goal of prevention. It is to foster a climate in which:</p> <ul style="list-style-type: none">✦ alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal;✦ prescription and over-the-counter drugs are used only for the purposes for which they were intended;✦ other abusable substances (e.g., gasoline or aerosols) are used only for their intended purposes; and✦ illegal drugs and tobacco are not used at all.
Prevention/Intervention Program Classification (as defined by the Institute of Medicine – IOM): A system that can be used as a way to organize prevention/intervention programs and match them to the needs of the targeted populations. According to this classification system, prevention and intervention programs can represent universal, selective, and indicated efforts.	

Primary Prevention (*a.k.a. Prevention*): A strategy, or set of strategies, employing principles that have produced evidence of effectiveness in preventing community-level alcohol, tobacco or other drug problems among those not in need of treatment.

Process Evaluation: Evaluation that is designed to document what programs actually do: program activities, participants, resources, and other outputs. Process evaluation is also sometimes called “monitoring,” and is usually done for the sole purpose of documenting whether a program is being implemented as planned.

Problem Identification and Referral: This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Employee assistance programs; Student assistance programs; and Driving while under the influence/driving while intoxicated education programs.

Program A planned, coordinated group of activities or projects designed for a specific purpose. A program may include multiple projects.

Promising Practices Strategies, activities, approaches, or programs for which the level of certainty from available evidence is too low to support generalized conclusions, but for which there is some empirical basis for predicting that further research could support such conclusions.

Protective Factors: Conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Enhancing protective factors can reduce the likelihood of problem behaviors arising.

PSA Public Service Announcement, including radio or television public services messages.

Public Health: The science of 1) preventing disease, 2) prolonging life, 3) promoting health and efficiency through organized community effort and application of public resources.

Public Health Model: An approach that emphasizes the reciprocal relationships and interactions between the host (individual consumer), the agent (alcohol, tobacco or other drug), and the environment (social/physical context of use).

Qualitative Data: Information that is reported in narrative form or which is based on narrative information, such as written descriptions of programs, testimonials, open-ended responses to questions, etc.

Quantitative Data: Information that is reported in numerical form, such as test scores, number of people attending, drop-out rates, etc.

Quasi -experimental Design: Research where experimental and control groups are not randomly assigned, or when the intervention has already taken place.

RBS Responsible Beverage Service

Resiliency Factors: These are factors (e.g., community, environment, family environment, constitutional strengths, personality of the child) that may be taught or instilled in children and can provide some protection to youth at high risk for substance abuse problems. Their impact varies along the developmental process. Examples include: strong bonds with the

family; experience of parental monitoring with clear rules of conduct within the family unit and involvement of parents in the lives of their children; success in school performance; strong bonds with prosocial institutions such as the family, school, and religious organizations; and adoption of conventional norms about substance use.

Risk Factors Characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will develop a disorder.

SAMHSA Substance Abuse and Mental Health Services Administration

SAPST Substance Abuse Prevention Specialist Training (curriculum developed by the Western CAPT)

Science-Based Prevention: Science-based refers to a process in which experts use commonly agreed upon criteria for rating research interventions and come to a consensus that evaluation research findings are credible and can be sustained. From this process, a set of effective principles, strategies and model programs can be derived to guide prevention efforts. Effective prevention programs must be: 1) guided by theories that blend both environmental and individual approaches; 2) apply multiple strategies in multiple settings; and 3) follow a logical design that includes assessment and evaluation. [Source: CSAP]

SDFSCA Safe and Drug-Free Schools and Communities Act. This was signed into federal law in 1994 and is designed to support the goal that all schools have a safe, disciplined, and drug-free environment that is conducive to learning.

Secondary Prevention (*a.k.a. Intervention*): Strategies designed to come between a substance user and his or her actions in order to modify behavior. It includes a wide spectrum of activities ranging from user education to formal intervention and referral to appropriate treatment/recovery services. Secondary prevention also includes outreach and intervention activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment, as well as activities involved in the assessment of a client's needs regarding treatment to ensure the most appropriate treatment.

Selective Prevention Strategies: Target those who are at greater-than-average risk for substance abuse. The targeted individuals are identified on the basis of the nature and number of risk factors for substance abuse to which they may be exposed.

Shoulder Tap: Refers to when a minor asks an adult outside of an ABC licensed stores to purchase alcohol for them.

Social Bonding: Some studies have shown that young people who establish a bond with societal norms and standards are less likely to use alcohol, tobacco and other drugs. The elements of social bonding that prevent ATOD use are: attachment to parents; commitment to school and education; regular involvement in activities; and belief in the expectations, norms, and values of society.

Social Marketing: The application of commercial marketing techniques to communicate about health and social issues. Social marketing focuses on an identified target audience – attempting to persuade that audience, mainly through various channels, to adopt an idea, practice, product, or all three.

Stakeholders Those persons with an interest in the program and its evaluation (e.g., participants, funders, managers, persons not served by the program, community members, etc.).

State Preemption: After prohibition, the federal government gave states the power to decide how alcohol sales and distribution would be controlled. State preemption refers to instances where the state power supercedes local jurisdictions. State preemption occurs in many issues where state standards are set at less desirable levels than existing local ordinances.

Strategy A plan for how to accomplish a goal.

Target Population: The audience to which your program and activities are aimed. Often referred to as the primary audience, the target population includes those who are primarily affected by the issue and among whom you are trying to create change (e.g., drug abusing parents, young children).

Tertiary Prevention (*a.k.a. Treatment*): Involves preventing further deterioration and reducing problems associated with the specific disorder or disease. Strategies also include treating the established disease, with attempts made to restore to highest function, minimize the negative effects of disease and prevent disease-related complications.

Theory A set of interrelated propositions containing concepts that describe, explain, predict, or control behavior.

Universal Prevention Strategies: Target general population groups without identifying those at particularly high levels of risk. All members of the community benefit from prevention efforts rather than specific individuals or groups within the community.

Violence Physical and nonphysical harm that causes damage, pain, injury, or fear. It is a public health and safety condition that often results from individual, social economic, political, and institutional disregard for basic human needs.

Vision Shared picture of the future that a group seeks to create.

YHAC The Marin Youth Health Advisory Council, which is a program of the Youth Leadership Institute.

Youth Development: The ongoing process in which young people are engaged in building the skills, attitudes, knowledge and experiences that prepare them for the present and the future.

YSAPI National Youth Substance Abuse Prevention Initiative

COMMUNITY PROFILE

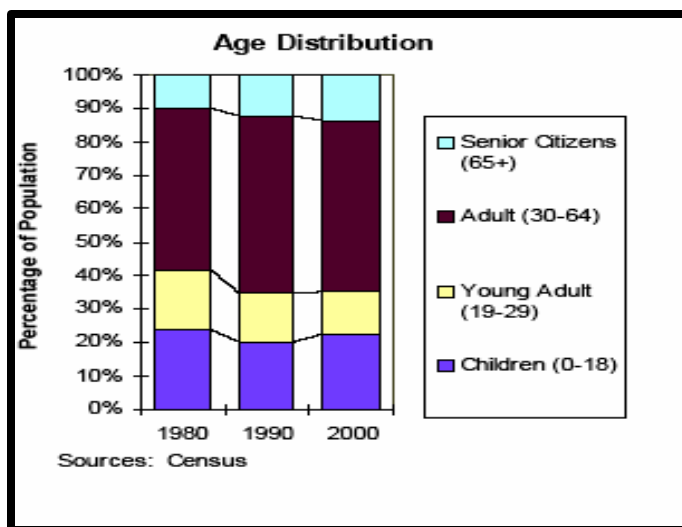
The following Community Profile is excerpted from the *Marin County Annual Report on Alcohol and Drug Services (2002-03)* and *Building a Better Future: Report Card for the North Bay (2002)*.

Marin County is aptly described as a place of extraordinary beauty and prosperity. Located just north of San Francisco and the Golden Gate, Marin County is a 520 square mile area, boasting miles of coastline on the Pacific and San Francisco Bay. The coastal mountains form a natural boundary between the east county population centers and western rural Marin.

During the period 1985 – 2000, the population of Marin County increased 10.6%, from 223,400 to 247,289. Between 2000 and 2020 the population is expected to increase another 11.4%, to 275,400.

Median Age in Marin Climbing

The population of Marin has aged significantly since 1980 when the median age was 33.6 years. By 1990 the median age increased to 38.0 years and increased again to 41.3 years in 2000. The number of children decreased from 24.0% of the population in 1980 to 20.1% in 1990 and then increasing to 22.7% in 2000. Although young adults were 18.0% of the population in 1980 they were only 12.7% by 2000. The adult (age 30- 64) share of the population was 48.4% in 1980, peaking at 53.2% in 1990 and then decreased to 50.9% in 2000. Senior citizens as a group have increased significantly, to 13.7% in 2000.



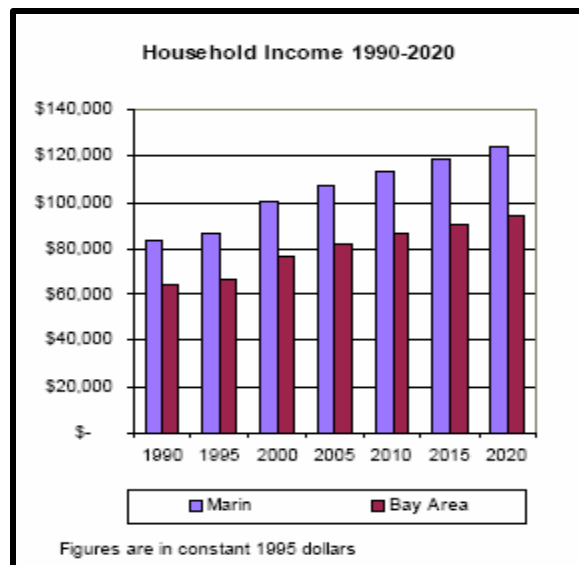
Diversity in Marin

Diversity of Marin County's population is important to the broader community and important to providers of health and human services. Current demographic data indicate that Marin County's population is predominantly White. The proportion of whites decreased from 92.8% in 1980 to 88.7% in 1990 to a reported 84% in 2000. Asian/Pacific Islanders increased from 2.9% of the population in 1980 to 4.1% in 1990. The African-American share of the population increased from 2.5% in 1980 to 3.6% in 1990.

The fastest growing segment in our county population is persons of Hispanic origin (who can be of any racial group). In 1980 Hispanics represented only 4.2% of the population in Marin, jumped to 7.8% in 1990 and increased to 11.1% 2000. In that same year, 19.4% of the Bay Area population was Hispanic.

How Do We Live?

Marin County census data reveals that the 247,289 persons in the county comprise 100,650 discreet households. The average household size is 2.34 persons. Of those households, 65,000 represent owner occupied housing and the balance, 35,650 are rented homes. In Marin, a reported 30,041 persons live alone – in single person households. This is important, for as we continue to advance family education and support as an important part of substance abuse prevention we must consider that for many of Marin's adult and elderly population, solitary lifestyles may lead to isolation. This is a clear barrier to recovery and a certain risk factor for substance use, misuse and dependency. The average family size in Marin County is 2.9.



Income and Employment in Marin County

Marin County continues to enjoy one of the highest standards of living in California and nationally. The median household income increased from \$83,200 in 1990 to \$100,600 in 2000 and is projected to reach \$113,600 in 2010 and \$124,200 by 2020.

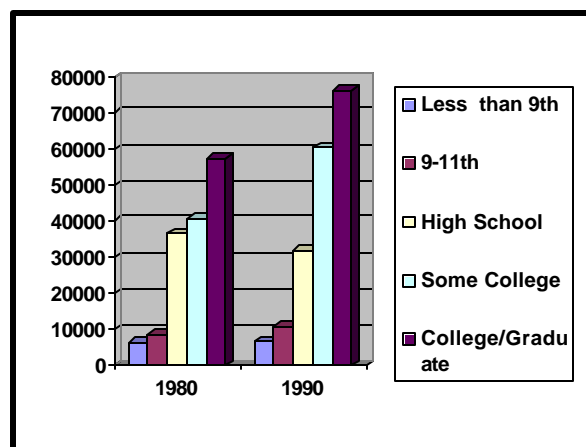
Marin County's unemployment rate continues to be the lowest in the Bay Area. In 2000, Marin County's unemployment rate (1.7) was only about one third that of California (4.9) and less than half that of the United States (4.0).

While per-capita and household income continue to climb, and unemployment rates remain low, housing costs and home prices and rent are climbing and continue to cost people out of the County. Despite the perception that Marin is an affluent, problem-free community, there are pockets of poverty throughout the County, with disproportionately high rates of crime, children who need out-of-home placement, unemployment, drug abuse and family violence.

Education in Marin County

Marin County's population reflects increasing higher levels of education. We anticipate that these numbers will continue to illustrate increased educational levels as new data is available. It's important to note that while educational achievement is inversely related to substance abuse, data from 1990 revealed that 51% (or 95,972 persons) did not hold a college degree. Data from 1990 revealed that only 76,322 (41%) persons held a bachelors or masters' degree.

For adolescents, both employment and educational prospects look bright, for the high school drop out rate has continued to fall. Between 1995 and 2000 that rate fell from 5.1% to 1.3 %.



RISK AND PROTECTIVE FACTORS ADDRESSED IN THE ACTION PLAN

The goals, objectives and activities outlined in the Action Plan employ strategies that are intended to increase protective factors and decrease risk factors in each of the six domains of influence. Following is a partial listing of activities that will be implemented to address the risk and protective factors that increase and decrease the likelihood of substance abuse, respectively.¹³

DOMAIN	ACTIVITIES	RISK AND PROTECTIVE FACTORS BEING ADDRESSED
Individual <i>Values, Skills, Knowledge, Behaviors</i>	✦ Media literacy program ✦ Media campaigns ✦ Youth-led campaigns ✦ Community Action Teams ✦ Training opportunities through the Training Institute and RBS Program	✦ Critical thinking skills ✦ Knowledge of alcohol and other drug issues ✦ Opportunities for engagement, leadership and advocacy
Peer <i>Norms, Activities, Bonding</i>	✦ Community Action Teams ✦ Youth-led campaigns ✦ School-based media literacy projects	✦ Perceived peer use of alcohol and other drugs ✦ Peers providing and using alcohol and other drugs
School <i>Bonding, Climate, Policy, Performance</i>	✦ Media literacy program ✦ School policies ✦ Training and technical assistance to schools ✦ Alternative activities	✦ Connected to School ✦ School safety (e.g. offered illegal drugs at school and school-related alcohol and drug arrests)
Family <i>Function, Management, Bonding</i>	✦ Campaigns on youth access to alcohol from social sources ✦ Parent focus groups ✦ Parent workshops ✦ Parent involvement in CMCA and Community Action Teams	✦ Perceived parental attitude ✦ Parental involvement ✦ Parent coping skills ✦ Parent communication skills
Community <i>Bonding, Norms, Resources, Mobilization, Awareness</i>	✦ CMCA Program ✦ Community Action Teams ✦ Youth Access Team ✦ Campaigns on youth alcohol access from social and commercial sources ✦ RBS Program	✦ Interaction among diverse sectors of the community ✦ Civic action against the illegal sale and provision of alcohol to youth ✦ Normative support of alcohol consumption by underage youth
Environmental <i>Norms, Policies</i>	✦ CMCA Program ✦ Community Action Teams ✦ Youth Access Team ✦ Campaigns on youth alcohol access from social and commercial sources ✦ RBS Program	✦ Access to alcohol from social and commercial sources ✦ Institutional policies that discourage youth alcohol access and use ✦ Normative support of alcohol consumption

¹³ SAMHSA. *Science-Based Prevention Programs and Principles* (2002).

ALCOHOL AND OTHER DRUG INDICATORS AND TRENDS

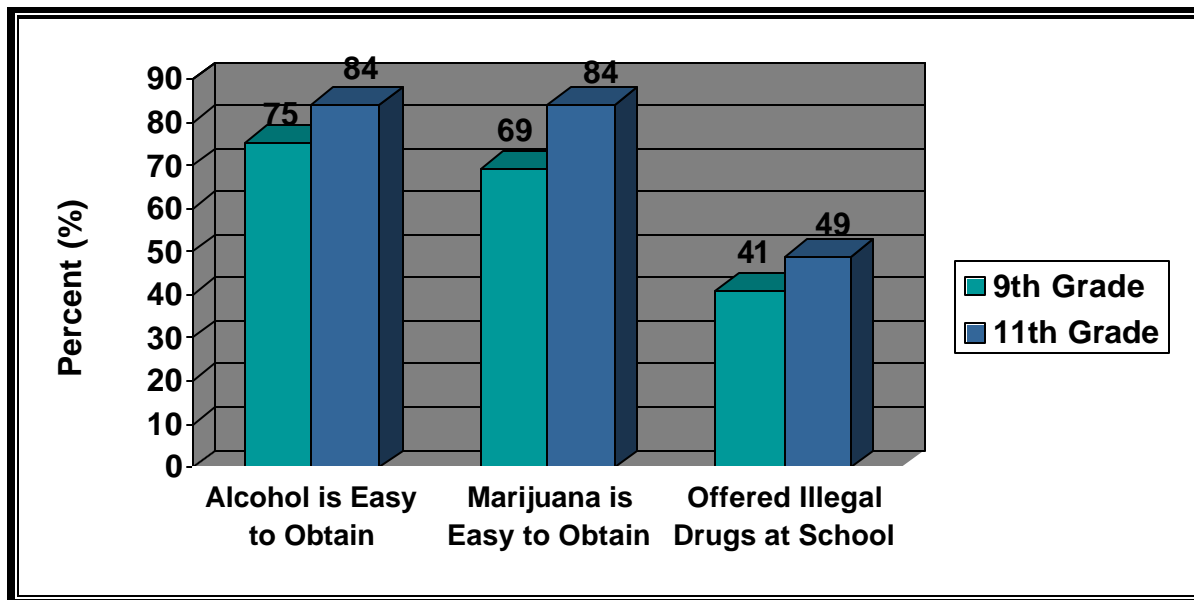
The Marin AOD Prevention Collaborative conducted a comprehensive collection and review of local, state and national quantitative and qualitative alcohol and other drug indicator and trend data. The following is a complete listing of the indicators that were identified as being the most significant, requiring specific focus for alcohol and other drug prevention efforts.

PRIORITY AREA	INDICATOR	DATA	DATA SOURCE
ACCESS TO ALCOHOL AND OTHER DRUGS			
	Perceived Ease of Youth Access to Alcohol and Other Drugs	75% of Marin 9 th and 84% of Marin 11 th graders report that alcohol is easy to obtain. 69% of Marin 9 th and 84% of Marin 11 th graders report that marijuana is easy to obtain. (Refer to Figure 1)	California Healthy Kids Survey (2001)
	Youth Access to Alcohol from Social Sources	Among alcohol users, 52.7% reported that other people gave it to them; most often it was friends (82.6%) and family members (17.4%). Among alcohol users, 23.4% reported that most often someone buys it for them.	Youth Health Advisory Council Survey (2003)
	Youth Access to Alcohol from Commercial Sources	Supermarkets (25.6%) and liquor stores (23.1%) are most often the points of alcohol access for Marin teens. Less than half (45.5%) of youth surveyed reported that they are consistently asked for ID when attempting to purchase alcohol. 11.4% reported that they are never asked for ID.	Youth Health Advisory Council Survey (2003)
	Youth Access to Other Drugs	41% of Marin 9 th and 49% of Marin 11 th graders report that they have been offered illegal drugs at school. Among Marin teen drug users, 43.8% reported that other people give them drugs, most often friends (86.8%) and family (9.2%).	California Healthy Kids Survey (2001) Youth Health Advisory Council Survey (2003)
	Limited Enforcement of Alcohol-Related Laws	There are only two jurisdictions that conduct regular and ongoing alcohol decoy operations.	Survey of local law enforcement
	Lack of Policies Restricting the Availability and Accessibility of Alcohol	Only one jurisdiction has a local ordinance requiring a CUP for establishments applying to sell or serve alcohol. Three jurisdictions have social host liability ordinances, none of which are actively enforced.	Review of local Municipal Codes

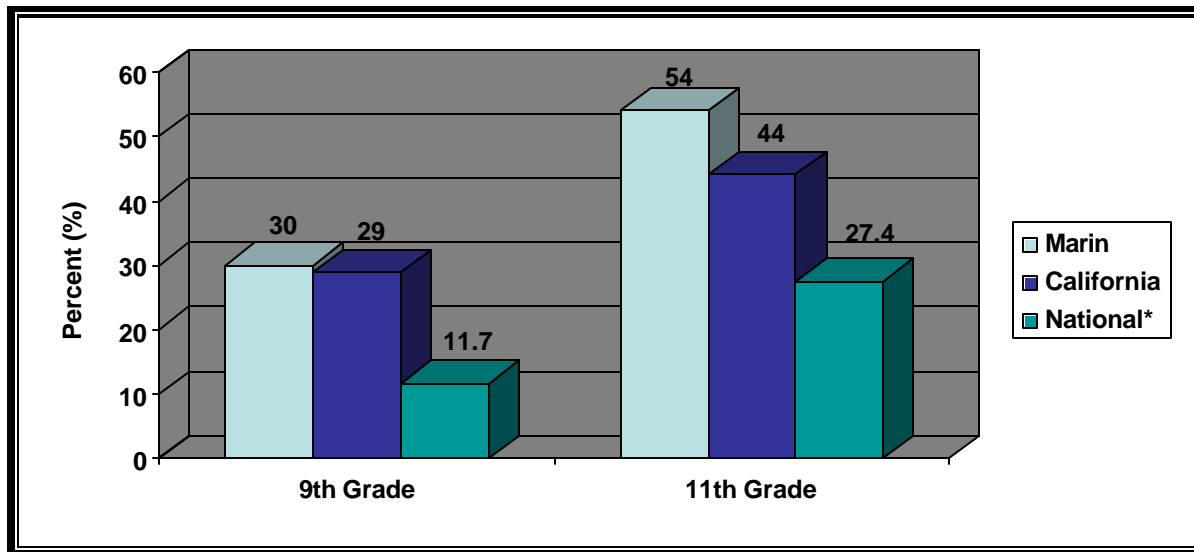
	Limited Information and Training for Retailers, Parents, Schools and Law Enforcement.	There are no local ordinances requiring RBS training for all licensees, clerks and servers. There is no regular and ongoing source of training about access to alcohol and other drugs.	Review of local Municipal Codes Key Informant Interviews
	Driving Under the Influence of Alcohol and Other Drugs	Youth: 40% of Marin 11 th grade students reported driving after drinking, compared to the 30% California average.	California Healthy Kids Survey (2001) California Student Survey (2001/02)
		Young Adult: In California, 41% of the drinking drivers involved in fatal and injury collisions are between 18-29 years of age. (n=19,591)	Department of Motor Vehicles (2000)
		Adult: 21% of Marin adults reported driving after drinking in the past month.	Marin Community Health Survey (2001)
		Alcohol Involved Collisions: In Marin, there were 142 alcohol involved collisions, resulting in 175 injuries and 4 fatalities.	Department of Motor Vehicles (2000)
PRO-ALCOHOL MARKETING AND PROMOTION ENVIRONMENT			
	Alcohol Outlet Density	683 liquor licenses in Marin County (487 are for on-sale licenses) In Marin, there are 276.9 liquor outlets per 100,000 residents, compared to the California rate of 194.7 outlets per 100,000 residents. <i>Marin is ranked 34th (of the 58 counties) in density of liquor outlets.</i>	Alcoholic Beverage Control
	Pro-Alcohol Messages	Television (58.9%) and newspapers/magazines (16.5%) are the primary sources of messages about alcohol among Marin teens. 79.7% of Marin youth surveyed reported that they see family members use alcohol.	Youth Health Advisory Council Survey (2003)
	Alcohol Industry Sponsorship	Miller Beer is a sponsor of the Marin County Fair.	Marin County Department of Parks and Open Space
	Alcohol Retail Environment	In a survey of 29 Alcohol Outlets in Marin: 50% of the stores placed ads near candy; 36% of the stores placed alcohol and tobacco ads lower than 3 feet; and 25% of the stores priced alcohol the same or cheaper than bottled water.	Youth Health Advisory Council Survey (2001)

NORMS AND AWARENESS OF ALCOHOL AND OTHER DRUG ISSUES			
	Disproportionately High Rates of Alcohol Use	Youth: 30% of Marin 9 th graders and 54% of 11 th graders currently drink alcohol. Marin teens drink alcohol at higher levels than the California and National averages. <i>(Refer to Figure 2)</i>	California Healthy Kids Survey (2001)
		Adult: 78% of Marin adults (18+ years) currently drink alcohol, compared to the 59% California average. Among Marin adults, 15% report drinking almost every day.	Marin Community Health Survey (2001); California Health Interview Survey (2001)
		Senior: 79% of seniors (65+ years of age) drink alcohol. 35% of men 65+ years and 21% of women 65+ years report drinking alcohol almost every day (compared to 15% in the general Marin adult population).	Marin Community Health Survey (2001)
	Disproportionately High Rates of Other Drug Use	Youth: 36% of Marin 11 th graders currently use marijuana. Marin teens use marijuana at higher levels than the California and National averages. <i>(Refer to Figure 3)</i>	California Healthy Kids Survey (2001)
	Binge Drinking	Youth: 38% of Marin 11 th graders reported binge drinking in the past 30 days, which is higher than State and National averages. <i>(Refer to Figure 4)</i>	California Healthy Kids Survey (2001)
		Young Adult: 40% of Marin 18-24 year olds report binge drinking in the past 30 days. Marin young adults binge drink at higher levels than State (33.5%) and National (38.7%) averages.	Marin Community Health Survey (2001)
		Adult: 17.4% of Marin adults (18+ years) reported binge drinking in the past 30 days.	Marin Community Health Survey (2001)
		Senior: 8% of Marin Seniors report binge drinking in the past 30 days.	Marin Community Health Survey (2001)
	Perceived Ease of Access to Alcohol and Other Drugs	<i>Refer to data above.</i>	<i>Refer to data above.</i>
	Perceived Peer Use of Marijuana	Perception of peer use is <u>higher</u> than actual use among Marin teens. In Marin, 72% of 9 th and 74% of 11 th graders thought that more of their peers had ever used marijuana than had actually done so.	California Healthy Kids Survey (2001)
	Perceived Harm of Marijuana	Perceived harm of marijuana use declines with age. In Marin, 87% of 9 th and 80% of 11 th graders report that frequent marijuana use is	California Healthy Kids Survey (2001)

		harmful and 64% of 9 th and 49% of 11 th graders report that occasional marijuana use is harmful.	
	Limited Education and Awareness of Alcohol and Other Drug Issues	Prescription and Over the Counter (OTC) Drug Interactions, Misuse and Abuse: While 79% of Marin seniors drink alcohol, 81% of Marin seniors have taken one or more types of prescription drugs in the past 12 months. 52% of Marin seniors took one or more OTC drugs in the past month.	Marin Community Health Survey (2001)
		Prenatal Alcohol and Other Drug Screening: In 2002, there were 1,837 deliveries at Marin General. From this population, approximately 1,200 children were born to mothers who were not screened for substance use. In Marin, pregnant women are not universally screened for alcohol and other drug use.	Marin County Maternal and Child Health Program (2002)
	Hospital Discharges for Alcohol and Other Drug-Related Causes	Marin County has the 49 th highest rate (of 58 counties) of hospital discharges for AOD-related causes in California. In 1998, there were 403 total discharges for AOD-related causes and 105 deaths due to AOD use. (28 th highest rate).	Community Indicators of Drug Abuse Report (2001)
SYSTEMIC CAPACITY FOR PREVENTION			
	Limited Local Alcohol and Other Drug Data	No county-wide adult prevalence data for drugs other than tobacco and alcohol. No county-wide public opinion data about alcohol and other drug issues. Limited data on compliance with alcohol and other drug related laws.	Review of available data
	Limited Capacity of Individuals/Agencies in Prevention	Lack of training in topics such as problem identification and referral, best practices for prevention and provider cross-training.	Key Informant Interviews
	Limited Participation in Prevention	Limited coordination between prevention practitioners such as County-funded programs, schools, youth, parents, law enforcement, faith-based community and youth and senior serving organizations. Prevention is not on the public agenda.	Key Informant Interviews Review of Alcohol and Other Drug Prevention Funding Sources

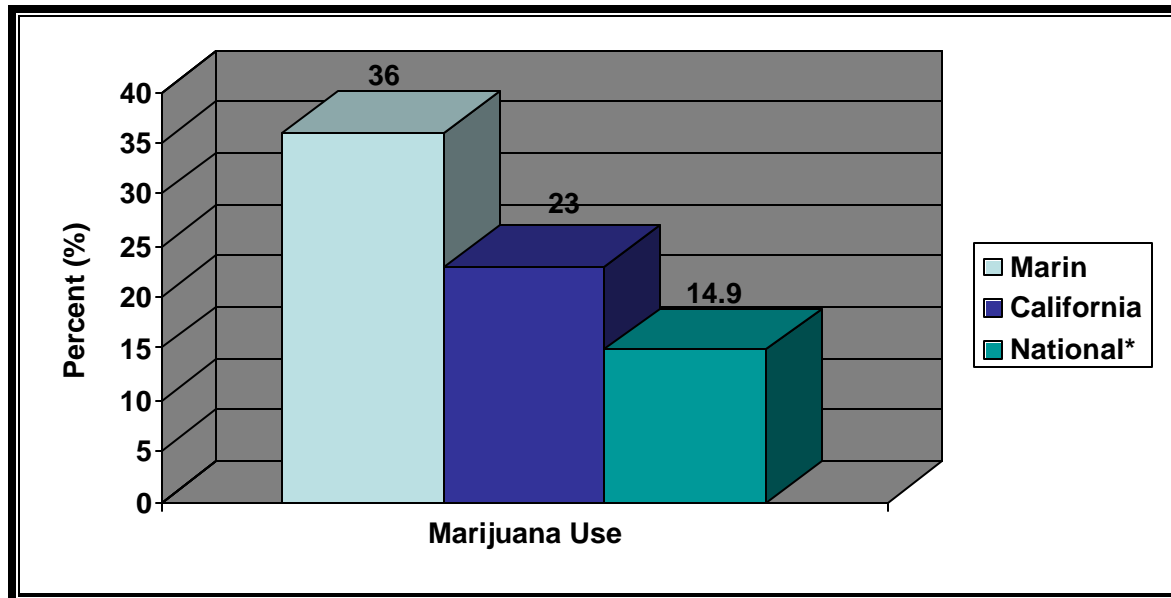
FIGURE 1: ACCESS TO ALCOHOL AND OTHER DRUGS (MARIN COUNTY)

Source: California Healthy Kids Survey (2001).

FIGURE 2: CURRENT ALCOHOL USE- 9TH AND 11TH GRADE STUDENTS

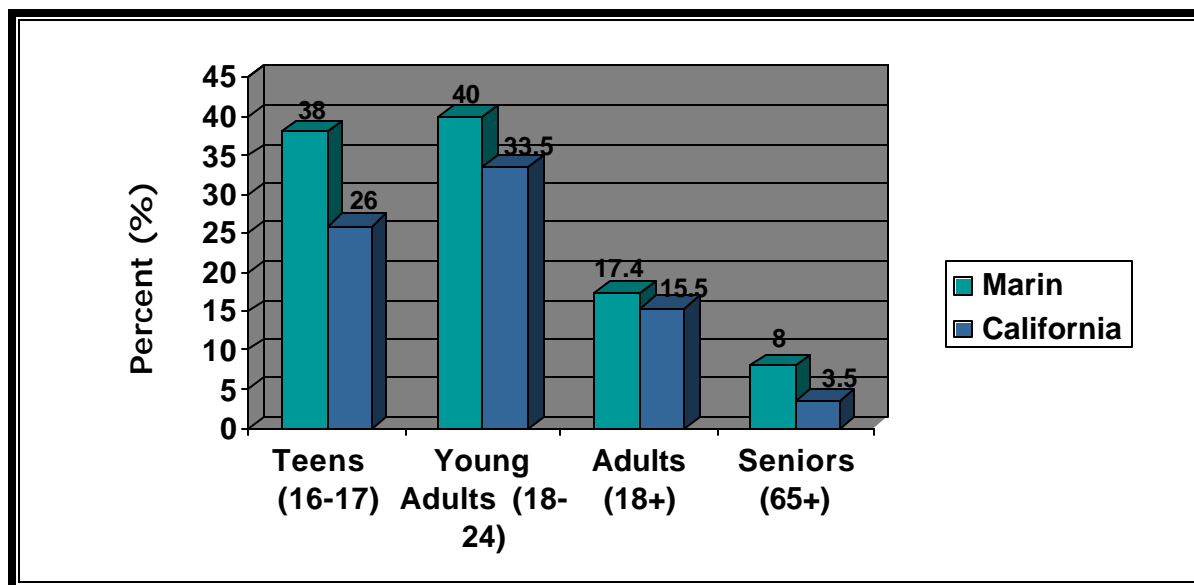
Sources: California Healthy Kids Survey (2001); California Student Survey (2001-02); National Household Survey on Drug Abuse (2001).

**National statistics reflect responses from 14 and 16 year old students for the 9th and 11th grade data, respectively.*

FIGURE 3: CURRENT MARIJUANA USE AMONG 11TH GRADE STUDENTS

Sources: California Healthy Kids Survey (2001), California Student Survey (2001/02), National Household Survey on Drug Abuse (2002).

**National statistics reflect responses from 16 year old students for the 11th grade data.*

FIGURE 4: BINGE DRINKING AMONG TEENS, YOUNG ADULTS, ADULTS AND SENIORS

Sources: California Healthy Kids Survey (2001); California Student Survey (2001); Marin Community Health Survey (2001); California Health Interview Survey (2001).

PREVENTION PROGRAM INVENTORY

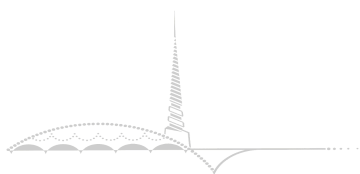
Following is a partial list of the current alcohol and other drug prevention programs being provided in Marin County as of FY 2003/04. The inventory was compiled from key informant interviews with community providers, a review of Local Educational Agency (LEA) Plans provided by various school districts and analysis of current alcohol and other drug prevention programs funded by ADTP. Programs are being offered throughout the County, in varying locations, in multiple languages and to a wide spectrum of age groups.

CITY	PROGRAM SITE	PREVENTION PROGRAM	PRIMARY CSAP STRATEGY	AGE GROUP
COUNTYWIDE PROGRAMS				
	Countywide	Marin Youth Commission	Community-Based Process	High School Age (14-17)
	Countywide	Marin Youth Health Advisory Council	Environmental	Middle/High School Age (11-17)
	Countywide	Peer Summit	Education	High School Age (14-17)
	Countywide	Parent University	Education	Adults (18-64)
	Countywide	Advisory Board on Alcohol and Other Drug Problems	Community-Based Process	All
	Countywide	Avoid the Marin 13	Environmental	Adults (18+)
	Countywide	Community Based Information, Assessment and Referral	Information Dissemination	All
	Countywide	Community Forums	Education	Adults (18+)
	Countywide	Youth Development Summit	Community-Based Process	Middle/High School Age (11-17)
	Countywide	School/Law Enforcement Partnership	Community-Based Process	Elementary/Middle and High School Age (6-17)
	Countywide	Alcohol and Other Drug Prevention Workshops	Education	Middle/High School Age (11-17)
	Countywide	Training and Technical Assistance in Alcohol Environmental Prevention	Environmental	All
	Countywide	Friday Night Live	Community-Based Process	Middle/High School Age (11-17)
	Countywide	Instructional Media Center	Education	Middle/High School Age (11-17)
	Countywide	Mentoring Programs	Alternatives	All
CORTE MADERA				
	Marin Country Day School	Freedom from Chemical Dependency	Education	Middle School Age (11-13)
	Neil Cummins Elementary School	DARE	Education	Elementary School Age (6-10)

COUNTY UNINCORPORATED				
	Bolinas Unified School District	Lions- Quest Skills for Adolescents	Education	Elem/Middle School Age (6-13)
	Bolinas Unified School District	Positive Action	Education	Elem/Middle School Age (6-13)
	Lagunitas School	Lions- Quest Skills For Adolescents	Education	Middle School Age (11-13)
	Marin City and Southern Marin	Communities Mobilizing for Change on Alcohol	Environmental	Middle/High School Age (11-17) and Adults (18+)
	Marin City	Alcohol and Other Drug Free Events and Fairs	Community Based Process	All
	Tomales High School	Prevention Education/Counseling	Education	High School Age (14-17)
	West Marin Elementary School	Prevention Education/Counseling	Education	Elem/Middle School Age (6-13)
	West Marin Community	West Marin Community Outreach	Information Dissemination	All
FAIRFAX				
	Manor Elementary School	Prevention Education/Counseling	Education	Elementary School Age (6-10)
	St. Rita's School	DARE	Education	Elementary School Age (6-10)
LARKSPUR (INCLUDING KENTFIELD)				
	Bacich Elementary School	Freedom from Chemical Dependency	Education	Elementary School Age (6-10)
	Kent Middle School	Freedom from Chemical Dependency	Education	Middle School Age (11-13)
	Marin Catholic High School	Prevention Education/Counseling	Education	High School Age (14-17)
	Hall Middle School	DARE	Education	Middle School Age (11-13)
	Redwood High School	Freedom from Chemical Dependency	Education	High School Age (14-17)
	Redwood High School	Prevention Education/Counseling	Education	High School Age (14-17)
	Redwood High School	Project Toward No Drug Abuse	Education	High School Age (14-17)
	Redwood High School	School Resource Officer	Education	High School Age (14-17)
	St. Patrick's Elementary School	DARE	Education	Elementary School Age (6-10)

MILL VALLEY				
	Mill Valley Middle School	Freedom from Chemical Dependency	Education	Middle School Age (11-13)
	Mill Valley Middle School	Prevention Education/Counseling	Education	Middle School Age (11-13)
	Tamalpais High School	Prevention Education/Counseling	Education	High School Age (14-17)
	Tamalpais High School	Project Toward No Drug Abuse	Education	High School Age (14-17)
	Tamalpais High School	Community Action Against Alcohol Project	Environmental	High School Age (14-17)
NOVATO				
	North Marin High School	Prevention Education/Counseling	Education	High School Age (14-17)
	Novato	Communities Mobilizing for Change on Alcohol	Environmental	All Middle/High School Age (11-17) and Adults (18+)
	Novato	Commission on Alcohol and Other Drugs	Community-Based Process	All
	Novato	Safe Holidays Education and Enforcement Campaigns	Education	All
	Novato High School	Prevention Education/Counseling	Education	High School Age (14-17)
	Novato High School	Project Toward No Drug Use	Education	High School Age (14-17)
	Novato High School	School Resource Officer	Education	High School Age (14-17)
	San Marin High School	Project Toward No Drug Abuse	Education	High School Age (14-17)
	San Marin High School	School Resource Officer	Education	High School Age (14-17)
ROSS				
	Ross School	Freedom from Chemical Dependency	Education	Elem/Middle School Age (6-13)
SAN ANSELMO				
	San Domenico Middle School	Freedom from Chemical Dependency	Education	Middle School Age (11-13)
	Sir Francis Drake High School	Prevention Education/Counseling	Education	High School Age (14-17)
	Sir Francis Drake High School	Project Toward No Drug Abuse	Education	High School Age (14-17)
	Wade Thomas Elementary School	Prevention Education/Counseling	Education	Elementary School Age (6-10)

SAN RAFAEL				
	Canal Area	Latino and Asian Alcohol and Drug Prevention	Information Dissemination	All
	Canal Area	Communities Mobilizing for Change on Alcohol	Environmental	Middle/High School Age (11-17) and Adults (18+)
	Davidson Middle School	Prevention Education/Counseling	Education	Middle School Age (11-13)
	Dixie Elementary School	Prevention Education/Counseling	Education	Elementary School Age (6-10)
	Huckleberry Teen Health Program	Teen Tuesday Health Clinic	Education	Middle/High School Age (11-17)
	Mary Sylveria Elementary School	Prevention Education/Counseling	Education	Elementary School Age (6-10)
	Miller Creek Middle School	Prevention Education/Counseling	Education	Middle School Age (11-13)
	San Rafael	Alcohol and Other Drug Education and Enforcement Campaigns	Education	All
	San Rafael High School	Prevention Education/Counseling	Education	High School Age (14-17)
	San Rafael High School	Project Toward No Drug Abuse	Education	High School Age (14-17)
	Terra Linda High School	Prevention Education/Counseling	Education	High School Age (14-17)
	Terra Linda High School	Project Toward No Drug Abuse	Education	High School Age (14-17)
	Vallecito	Prevention Education/Counseling	Education	Elementary School Age (6-10)
SAUSALITO				
	Bayside/Martin Luther King School	DARE	Education	Elementary School Age (6-10)
	Southern Marin	Communities Mobilizing for Change on Alcohol	Environmental	Middle/High School Age (11-17) and Adults (18+)
TIBURON				
	Del Mar Middle School	Freedom from Chemical Dependency	Education	Middle School Age (11-13)



MARIN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
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